



**Unit Workbook
Introductory Module**

Candidate Name

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Clinical Prioritisation for Pharmacy Technicians

Authors and Acknowledgements

A Health Education England (HEE) Pharmacy Workforce Transformation Project 2021 completed by University Hospitals Sussex NHS Foundation Trust in conjunction with Sussex Partnership NHS Foundation Trust.

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Unit 1

**Legal, Ethical and Working within
Professional Limitations**

Unit 1

Legal, Ethical and Working within Professional Limitations

Legal, Ethical and Working within Professional Limitations

Understand and demonstrate legal and ethical awareness, how this may implicate the role of a pharmacy technician and demonstrate the ability to recognise and work within professional limitations.

		Learning Outcome
Confidentiality/ Information sharing	1.1	Applies the principles of information governance to ensure patient confidentiality
Consent	1.2	Be familiar with GPhC guidance on consent and applies principles to practice
Mental Health Act (MHA)	1.3	To have knowledge of the Mental Health Act
Mental Capacity Act (MCA) and DOLS	1.4	Understand what MCA and DOLS are and how this can effect practice
Covert medicines	1.5	Understand the NICE and any local guidance for giving covert medicines
Ethics	1.6	Understand ethical principles and demonstrate how they are able to work through ethical dilemmas they experience as clinical pharmacy technician
Professional Limitations	1.7	Demonstrate how professional judgement has been used to provide safe and effective care

Unit 1

Legal, Ethical and Working within Professional Limitations

Intervention Log

1	Apply the principles of information governance to ensure patient confidentiality
2	Demonstrate familiarity with GPhC guidance on consent and apply principles to practice
3	Demonstrate how professional judgement has been used to provide safe and effective care
4	Understand ethical principles and demonstrate how you are able to work through ethical dilemmas experienced

Use the table below to document the title of your intervention, the type as per table above and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number

Candidate signature

Educational Supervisor signature

Date

Unit 1

Legal, Ethical and Working within Professional Limitations

Mental Health Act

Task 1a

All healthcare professionals should have an understanding of the Mental Health Act. Using the link below read the information provided by Mind.

<https://www.mind.org.uk/information-support/legal-rights/mental-health-act-1983/about-the-mha-1983/>

Use this space to give a brief description of the Mental Health Act.

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Unit 1

Legal, Ethical and Working within Professional Limitations

DOLS (Deprivation of Liberty Safeguards)

Task 1b

The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.

There are **six assessments** which have to take place before a standard authorisation can be given.

List below the six assessments carried out for authorisation to be given:

1)

2)

3)

4)

5)

6)

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Date

Unit 1

Legal, Ethical and Working within Professional Limitations

Covert Medicines

Task 1c

Find and read the following documents:

	Candidate	Educational
NICE Guidelines https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly		
Local Guidelines/SOP		

Use this space to give a brief description of what covert medicine is, when and why it would be used and legal responsibilities.

Assessor feedback

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Date

End of Unit Review

Unit 1

Candidate reflection

Educational supervisor feedback

Further learning

Candidate signature

Educational supervisor signature

Date

Unit 2

Reviewing, Interpreting and Evaluating Sources
of Patient Information and Results

Unit 2

Reviewing, Interpreting and Evaluating Sources of Patient Information and Results

To be able to recognise different sources of information and results, interpret and evaluate these resources and apply to

		Learning Outcome
Understanding resources available and how to use/read information	2.1	Demonstrate knowledge of different resources relevant to care setting.
	2.2	Demonstrate interpretation and application of resources relevant to care setting.
Observations – BP/HR/Temp/Weight/ Glucose/Stool chart	2.3	Demonstrate knowledge of how to obtain records of observations including: BP, HR, temperature, weight, blood glucose and stool chart.
	2.4	Be able to interpret results.
	2.5	Be able to apply findings to patient management or know when to refer.
Bloods – FBC/LFT's/renal function/INR	2.6	Demonstrate knowledge of how to access blood results.
	2.7	Be able to interpret simple blood results including relevant parts of the Full Blood Count, liver function tests, urea and electrolytes, INR.
	2.8	Be able to apply findings to patient management or know when to refer.

Unit 2

Task 2a

Fill in the table below giving details of all resources available to you to gather patient information and results, how to access and a brief description of what information you would gather from each.

Resource	How to access	Details of information obtainable

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Date

Unit 2- Reviewing, Interpreting and Evaluating Sources of Patient Information and Results.

Supervised Learning Event (SLE) - MiniCEX

Demonstrate your ability to interpret and then apply information gained from one of the available resources in your care setting.

Details of event

Educational supervisor feedback

Reflection

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Date

Unit 2

Task 2b

Fill in the table below giving details of where you would obtain the listed observations from and describe what this can tell you about your patient.

Observation type	Where to find information	Normal range	Description of what results can show you
Blood pressure			
Heart rate			
Blood Glucose			
Temperature			
Weight and BMI			
Stool chart score			

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Date

Unit 2

Reviewing, Interpreting and Evaluating Sources of Patient Information and Results.

Task 2c

Fill in the table below giving details of where you would obtain the listed results from, details of normal ranges for each test and a description of what this can tell you about your patient.

Observation Type	Where to find information	Normal Range	Description of what results can show you
WBC (White blood count)			
Haemoglobin			
Platelets			
Neutrophils			
ALT (Alanine trans aminase)			
Bilirubin			
Urea			
Electrolytes			
Creatinine			
Potassium			
Sodium			
CRP (C-reactive)			
INR			

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Unit 2

Case Study

Patient ID:

Age:

Male or

Ward

Female

Presenting Complaint:

Past Medical History:

Medicines Reconciliation:

Notable blood results and interpretation:

Observations and Interpretation:

Summary of findings:

Details of referral made and to Whom:

Unit 2 - Reviewing, Interpreting and Evaluating Sources of Patient Information and Results.

Case Study

Reflection of case study

Educational supervisor feedback

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Date

End of Unit Review

Unit 2

Candidate reflection

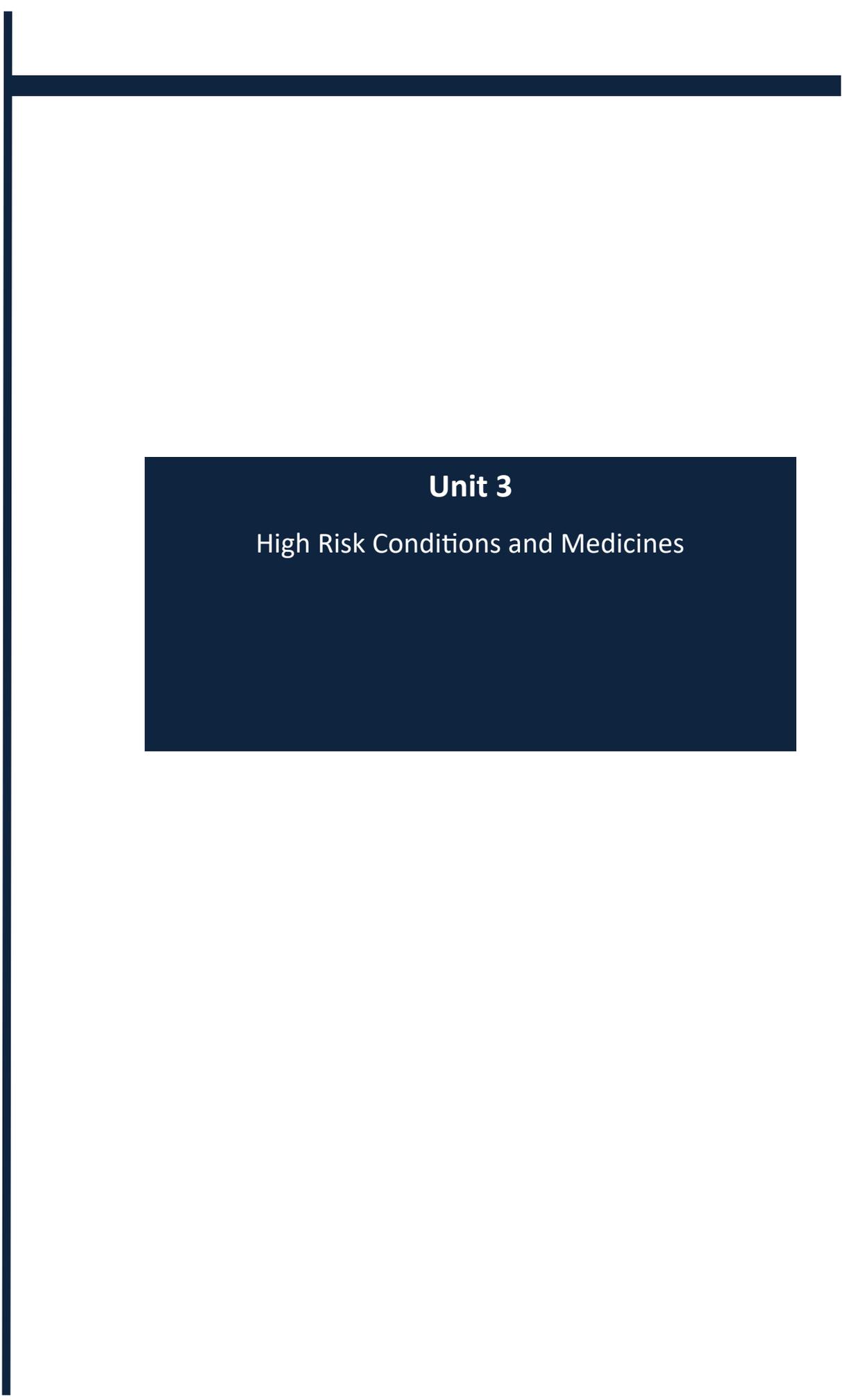
Educational supervisor feedback

Further learning / Actions

Candidate signature

Educational supervisor signature

Date



Unit 3

High Risk Conditions and Medicines

Unit 3

High Risk Conditions and Medicines

High Risk Conditions and Medicines

To have baseline knowledge of specific high risk medicines and conditions and demonstrate how this learning can

		Learning Outcome
Insulins	3.1	Demonstrate knowledge of safer insulin prescribing including: <ul style="list-style-type: none"> • Different insulin devices, types and storage • Awareness and management of hypoglycaemia • Need to inform DVLA if insulin dependant • Sick day rules • Patient information booklet and passport
	3.2	Demonstrate knowledge and application of interpreting blood sugars
Anticoagulants	3.3	Demonstrates baseline knowledge of obtaining a warfarin history including dosing, target INR and keeping appropriate records (Yellow Book)
	3.4	Demonstrate advance knowledge of warfarin including understanding target INRs for different indications, interpretation and application of INR results
	3.5	Understand and apply knowledge of different DOACs available, indications and counselling points
	3.6	To be aware of common interactions with anticoagulants, how to identify interactions and refer appropriately
Opiates	3.7	Demonstrates knowledge of what information is required for a drug history for a patient on opioid substitution therapy including methadone and buprenorphine. This should include: <ul style="list-style-type: none"> • Understanding the importance of ascertaining what dose and when the patient last had their dose • Identifying and contacting patient's key worker • Recognising if there are local policies
	3.8	For chronic opioid users, ensuring that the correct medication, preparation and doses are prescribed
Chemotherapy	3.9	Demonstrates ability to obtain accurate drug history for chemotherapy medication including using appropriate resources
	3.10	To be able to identify local prescribing restrictions for chemotherapy
Methotrexate	3.11	To have knowledge and understanding of safe methotrexate prescribing and dispensing this includes: once weekly dosing, prescribing of folic acid, interactions, infections and counselling points for patients
	3.12	Conduct a drug history for a methotrexate patient and apply knowledge to patient management

High Risk Conditions and Medicines Continued

To have baseline knowledge of specific high risk medicines and conditions and demonstrate how this learning can contribute to minimising patient risk within their practice

		Learning Outcome
Steroids	3.13	Demonstrate ability to obtain advanced drug history for steroid treatment including: <ul style="list-style-type: none"> • Accurate history e.g. multiple courses, weaning regime • Indication
	3.14	Recognising indication for steroid cards including emergency steroid cards (MHRA alert)
Amiodarone	3.15	To have knowledge and understanding of amiodarone dosing, counselling points and interactions
Narrow Therapeutic Drugs and Therapeutic Drug Monitoring (TDM)	3.16	To be able to understand the concept of therapeutic drug monitoring and narrow therapeutic drugs
	3.17	To have knowledge of the following TDM Drugs: <ul style="list-style-type: none"> • Theophylline • Gentamicin • Digoxin • Phenytoin • Lithium
Antimicrobials	3.18	To have knowledge of the different classes of antibiotics and the antibiotics contained within these classes
	3.19	To accurately identify any allergies to antibiotics including the reaction type and ensure that these are documented appropriately.
Immunosuppressant	3.20	Recognise which drugs are immunosuppressant
	3.21	Interpreting blood test results in relation to immunosuppressant therapy and recognise points for referral
	3.22	To be able to identify local prescribing restrictions for immunosuppressant medication
Patients in dialysis or had any organ transplant	3.23	To be able to obtain an accurate medication history, demonstrating use of specialist sources and appropriate referring
HIV	3.24	Have an awareness of complexity around HIV medication including: interactions, confidentiality, compliance and supply
	3.25	To be able to obtain an accurate medication history, demonstrating use of specialist sources and appropriate referring (including HIV pharmacist)
Epilepsy	3.26	Understanding the clinical importance of correct antiepileptic dosing
	3.27	Recognising the importance of not switching brands and the three categories to determine if a patient should remain on a specific brand of medication
	3.28	Knowledge of pregnancy prevention programmes
Parkinson's Disease	3.29	To obtain an accurate history of a patient's Parkinson medication regime, ensuring it is prescribed correctly and appropriately prioritising and referring problems identified
	3.30	Identify and understand medication to be avoided in Parkinson's disease
AKI	3.31	Basic knowledge of acute kidney injury including understanding what it is, implication of drug therapeutics and knowledge of common drugs which contribute to AKI
	3.32	Be able to identify patients with AKI and demonstrate knowledge of how this would implicate their medication management

High Risk Conditions and Medicines Continued

To have baseline knowledge of specific high risk medicines and conditions and demonstrate how this learning can contribute to minimising patient risk within their practice

Learning Outcome

Swallowing Difficulties	3.33	Understand the principles of swallowing difficulties including common causes, Implication on medication and awareness of SALT assessment and resources available
Falls	3.34	To be able to identify drugs/ drug classes that can cause falls risk and refer appropriately
Mental Health	3.35	To be able to identify drugs/ drug classes that can be prescribed to a patient diagnosed with a mental health disorder
	3.36	Understand the risk of medicine supply in the context of suicidal ideation
Antipsychotics	3.37	To be able to understand and recognise patients prescribed the following and be able to refer appropriately: <ul style="list-style-type: none"> • A high dose antipsychotics (above BNF) • Two or more antipsychotics • Rapid tranquilisation and be aware of local policies • Zuclopenthixol acetate (Clopixol acetate) • Depots or Long Acting Antipsychotic Injection (LAAs)
	3.38	Demonstrates knowledge of what monitoring is required for antipsychotics including physical health and ECG
Clozapine	3.39	Be able to identify appropriate sources to carry out a drug history for a patient on clozapine
	3.40	Understand what clozapine is used for and recognise it is a high risk drug that must be referred appropriately.
	3.41	Have knowledge and understanding of the monitoring parameters including: <ul style="list-style-type: none"> • Red/Amber/Green blood result • Frequency of blood tests/restricted dispensing • Missed doses (greater than 48 hours) and the re-titration protocol • Risk of constipation • Interactions with smoking and certain antibiotics • Risk of sepsis
Lithium	3.42	To have the following knowledge of lithium treatment: <ul style="list-style-type: none"> • Indications • Brand and form (tablets/liquid) specific dispensing • Monitoring: lithium levels, renal function, thyroid function, physical health including ECG • Common interactions—especially NSAIDs, ACE inhibitors and dietary/fluid changes • Use of lithium booklet
Antidepressants	3.43	Identify patients on 2 or more antidepressants and understand they require referral
	3.44	Understands and demonstrates knowledge of what monitoring is required for <ul style="list-style-type: none"> • Suicidal ideation –Zero alliance module • Hyponatremia on SSRIs (or possibly antidepressants) • The interaction between SSRIs and NSAIDs
Valproate	3.45	To identify and be able to refer women of child bearing potential prescribed valproate
	3.46	Demonstrates knowledge of the pregnancy prevention programme
Hypnotics and Anxiolytics	3.47	To have understanding and awareness of the risk of withdrawal with hypnotics and anxiolytics

High Risk Conditions and Medicines Continued

To have baseline knowledge of specific high risk medicines and conditions and demonstrate how this learning can contribute to minimising patient risk within their practice

Note: High risk conditions and patients were adapted based on the list of high risk drugs that are assessed in the GPhC registration exam¹. PSNC and NHS Employers created a high risk medicines reference group with the following principles that should be applied to determine the list of high risk medicines:

- the medicines should be associated with preventable harm, for example, avoidable hospital admissions;*
- medicines should be selected where harm can be caused to the patient by omission, overuse or incorrect use and where the benefits of not taking the medicine are foregone; and*
- the type of harm caused by the medicines could be prevented by an MUR and the pharmacist will have the skills, knowledge and information to deliver it.*

The above principles were applied and stakeholder meetings with pharmacists and pharmacy technicians determined the final list used for this module.

1. General Pharmaceutical Council. *Pre-registration Manual: Registration Framework Assessment*. Available from: <https://www.pharmacyregulation.org/53-registration-assessment-framework> [Accessed 16/09/2021]
2. Pharmaceutical Services Negotiating Committee. *Medicines Use Review (MUR) - Archive information*. Available from: <https://psnc.org.uk/services-commissioning/advanced-services/murs/> [Accessed 16/09/2021]

Unit 3

Insulins

READING:

Candidate
Initials

Educational Supervisors
initials

Complete the e-LfH module on the Safe Use of Insulin found at:
<https://www.e-lfh.org.uk/programmes/safe-use-of-insulin/>

Read the NICE Key Therapeutic Topic (KTT20) on safer insulin
prescribing at: <https://www.nice.org.uk/advice/ktt20>

Intervention Log

1 Demonstrate application of interpreting blood sugars

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	
	1	

Candidate signature

Educational Supervisor signature

Date

Unit 3

Anticoagulants

TASK 3a

E-Learning

Candidate
Initials

Educational Supervisors
initials

Complete Modules 1, 3, 4 and 5 of the CPPE course:
Cardiovascular Disease: Anticoagulation

[Cardiovascular disease: anticoagulation : CPPE](#)

Complete the task and the questions below after completing the
E-Learning.

Learning Outcome	Task/Competency	Candidate Initials	ES Initials
Demonstrates baseline knowledge of obtaining a warfarin history including dosing, target INR and keeping appropriate records (Yellow Book)	Medicines Reconciliation (Warfarin)		
Understand and apply knowledge of different DOACs available, indications and counselling points	Warfarin Counselling		
	DOAC Counselling		

Candidate signature

Educational Supervisor signature

Date

Unit 3

Anticoagulants

Questions

These questions should be answered after completing the CPPE module on Cardiovascular Disease: Anticoagulation.

What is the name of the coagulation test that was devised to standardise results for monitoring the effectiveness of warfarin?

Can you name 3 advantages of warfarin over a DOAC?

1. _____

2. _____

3. _____

Name the 4 DOACs that are available in the UK?

1. _____

2. _____

3. _____

4. _____

Which DOAC cannot be used in the Primary prevention of VTE in adults undergoing elective THR & TKR?

When using warfarin, different indications can have different target INRs. Can you identify the target INRs for the following indications?

- Proximal DVT or PE
- Recurrent, unprovoked DVT or PE
- AF
- Mitral or aortic valve disease

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Date

Unit 3

Anticoagulants

Questions Continued

If a patient suffers from major bleeding whilst on warfarin, what is the name of the vitamin that should be given?

Which 3 juices should be avoided by patient's taking warfarin?

1. _____
2. _____
3. _____

Identify 3 medications that interact with warfarin. Describe their effect on INR and how you would expect the interaction to be managed.

1. _____
2. _____
3. _____

Identify 3 medications that interact with a NOAC

1. _____
2. _____
3. _____

Candidate signature

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Date

Unit 3

Opioids

READING:

Candidate
Initials

Educational Supervisors
initials

Find and read your trust's guideline on managing patients who chronically use opioids for the purposes of addiction

CASE STUDY:

Mr Matt Done is admitted into your hospital and informs you that he takes methadone sugar free oral solution at a dose of 45mLs once a day.

What are the only 2 sources that can be used to verify the dose of Mr Matt Done's methadone?

You ring Mr Done's community pharmacy to obtain some further details. What information do you need to obtain from them?

Intervention Log

1 For chronic opioid users, ensuring that the correct medication, preparation and doses are prescribed

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	
	1	

Candidate signature

Educational Supervisor signature

Date

Unit 3

Chemotherapy

READING:

Candidate
Initials

Educational Supervisors
initials

Find and read your trust's guideline on who can prescribe chemotherapy and immunosuppressant's

TASK 3b

Complete a Mini-CEX demonstrating your ability to obtain an accurate drug history for chemotherapy medications using appropriate resources.

Use the table below to document the title of your Mini-CEX and the reference number from your log where you have documented your mini-CEX information.

Mini-CEX

Ref Number

Notes:

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Educational Supervisor signature

Date

Unit 3

Methotrexate

E-Learning/Reading

E-Learning/Reading	Candidate Initials	Educational supervisors initials
Complete the Chemist+Druggist CPD Module on Methotrexate Non-Adherence (N.B. You will need to create a free account to access this) Methotrexate non-adherence C+D Community (chemistanddruggist.co.uk)		
Read the information found in the NPSA's purple Methotrexate Treatment book and complete the associated questions below		

TASK 3c

Learning Outcome	Task/Competency	Candidate Initials	Educational Supervisors Initials
Conduct a drug history for a methotrexate patient and apply knowledge to patient management	Medicines Reconciliation (Methotrexate)		
	Methotrexate Counselling 1		
	Methotrexate Counselling 2		
	Methotrexate Counselling 3		

Candidate signature

Educational Supervisor signature

Date

Unit 3

Methotrexate

Questions

Low dose methotrexate is defined as what?

When should folic acid not be taken if a patient is taking methotrexate?

In terms of side-effects of methotrexate, which of the following should you: a) not take the next dose of methotrexate until you have spoken to a healthcare professional or b) stop treatment immediately and get **URGENT** medical advice? (delete as appropriate)

Feeling sick or having diarrhoea (not severe or continuous) A / B

Shortness of breath A / B

Mouth ulcers, a sore throat or a sore mouth A / B

Infections A / B

New, unexplained bleeding or bruising A / B

If you become pregnant A / B

Rashes A / B

Which two antibiotics must you not take whilst on methotrexate?

Candidate signature

Educational Supervisor signature

Date

Unit 3

Steroids

Reading/Task:	Candidate Initials	Educational Supervisors initials
Read the patient safety alert on the steroid emergency card, found at: https://www.england.nhs.uk/2020/08/steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/		
Follow the links in the above to the Society for Endocrinology's Adrenal Crisis Information webpage and read about sick day rules		
Complete the questions overleaf based on the reading above		

Intervention Log

1 Demonstrate the ability to obtain a drug history for steroid treatment including indication and an accurate advanced history e.g. details on multiple courses and weaning regimes.

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	
	1	

Candidate signature

Educational Supervisor signature

Date

Unit 3

Steroids

Questions

In which of the following situations should a steroid emergency card be issued? (Answer Y/N)

- 3 or more short courses of high-dose oral glucocorticoids within the last 12 months, and for 12 months after stopping _____
- 3 or more intra-articular/intramuscular glucocorticoid injections within the last 12 months, and for 12 months after stopping _____
- Repeated courses of dexamethasone as an antiemetic in oncology regimens, and for 12 months after stopping _____
- Prolonged courses of dexamethasone (>10 days) for the treatment of severe Covid-19 _____
- Inhaled steroids >1000mcg/day beclomethasone or >500mcg/day fluticasone (or equivalent dose of another glucocorticoid), and for 12 months after stopping _____
- Patients taking inhaled corticosteroids and any other form of glucocorticoid treatment (including potent/very potent topical glucocorticoids, intra-articular injection, regular nasal glucocorticoids) _____
- Topical high-dose (>= 200g/ week) potent or very potent glucocorticoids used across a large area of skin for 4 weeks or more, or factors increasing absorption assessed on a case by case basis, and for 12 months after stopping _____
- Potent or very potent topical glucocorticoids applied to the rectal or genital areas and used at high dose (more than 30g per month) for more than 4 weeks, and for 12 months after stopping _____

What are the signs and symptoms of an adrenal crisis?

Candidate signature

Educational Supervisor signature

Date

Unit 3

Amiodarone

Reading:	Candidate Initials	Educational supervisors initials
Read the NICE Guidance on initiation of amiodarone, monitoring, adverse effects and interactions: https://cks.nice.org.uk/topics/atrial-fibrillation/prescribing-information/amiodarone-not-initiated-in-primary-care/		
Complete the questions on the next page on this reading		

TASK 3d

Learning Outcome	Task/Competency	Candidate Initials	ES Initials
To have knowledge and understanding of amiodarone dosing, counselling points and interactions	Counselling (Amiodarone 1)		
	Counselling (Amiodarone 2)		

Notes:

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Date

Unit 3

Amiodarone

Questions

What is the standard regimen for amiodarone dosing?

What blood tests are needed for regular amiodarone monitoring and how often should these be taken?

What are the main adverse effects that are associated with amiodarone?

What key groups of drugs interact with amiodarone?

If a patient has treatment with amiodarone withdrawn, why can drug interactions with amiodarone still occur?

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Date

Unit 3

Narrow Therapeutic Drugs and Therapeutic Drug Monitoring

Reading/Task:	Candidate Initials	Educational Supervisors initials
Read the following article from the Pharmaceutical Journal: https://pharmaceutical-journal.com/article/ld/why-do-therapeutic-drug-monitoring		
Read the Medicines Learning Portal page on Therapeutic Drug Monitoring: https://www.medicineslearningportal.org/2015/07/therapeutic-drug-monitoring.html		
Research some of the medicines that require therapeutic drug monitoring including when levels should be taken and why: https://www.medicineslearningportal.org/2015/07/tdm-table.html		
Complete the questions overleaf on the reading above		
Notes:		

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Date

Unit 3

Narrow Therapeutic Drugs and Therapeutic Drug Monitoring

Questions

The timing of taking a blood sample is key with narrow therapeutic drugs. What are the two concentration measurements used and give an example of a drug/drug class for each

When can it be helpful to monitor a patient's drug levels?

With regards to theophylline, which 4 variables can plasma concentration be affected by?

With regards to gentamicin, look up your in-house policy on monitoring and document below: when a level should be taken and how it should be interpreted?

With regards to digoxin, what factors can increase or decrease tissue sensitivity to digoxin?

With regards to phenytoin, when should a level be taken?

With regards to lithium, when should a level be taken?

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Date

Unit 3

Antimicrobials

E-Learning:	Candidate Initials	Educational Supervisor initials
Complete the e-Learning found on SCRIPT https://hee.pharmacy-script.org/ called Prescribing in Infection		
Complete the questions on the next page		

TASK 3e

Learning Outcome	Task/Competency	Candidate	Educational
To accurately identify any allergies to antibiotics including the reaction type and ensure that these are documented appropriately.	Medicines Reconciliation (Antibiotic allergy)		

Notes:

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Date

Unit 3

Antimicrobials

Questions

Below are listed 4 different infections. For each infection, use your own knowledge and research, the SCRIPT module on Prescribing in Infection and your trust's antimicrobial formulary to answer the following:

1. Identify if any national guidelines exist in addition to your trust's guideline. Are there any differences?
2. Using the information found in 1, what would your antibiotic(s) of choice be for each infection? Would this change if they were penicillin allergic?

Community Acquired Pneumonia (CAP)

Intra-abdominal sepsis

Cellulitis

Lower UTI

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Date

Unit 3

Immunosuppressant Medication

READING:

Candidate
Initials

Educational Supervisors
initials

<https://pharmaceutical-journal.com/article/ld/a-rough-guide-to-transplant-medicines#main-content>

TASK 3f

Answer the following questions:

Why do transplant patient's require immunosuppressant therapy?

List **six** different immunosuppressant medication which are used as maintenance therapy following transplantation:

1)

2)

3)

4)

5)

6)

What are the potential risks of drug interactions and changing brand or preparation with immunosuppressant medication ?

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Date

Unit 3

Immunosuppressant Medication

You are carrying out a drug history on a patient admitted to a surgical ward.

Patient: Adam Graf, 62 year old male

Past medical history: Renal Transplant

Presenting complaint: Cramp, nausea and vomiting, bowels have not opened for over one week.

Impression: Bowel obstruction

Medication:

Advagraf 2mg OM

Mycophenolate 1000mg OM and 500mg Supper

Given the patient's presenting complaint what would be your concern?

Healthcare settings and Trusts will have different procedures for prescribing immunosuppressant medications. Establish if your work place has any procedures or guidance. Summarise your findings below:

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Date

Unit 3

Patient on Dialysis or had any Organ Transplant

Intervention Log

1 Demonstrate the ability to obtain an accurate medication history for:

- Patient on dialysis
- Patient who has had an organ transplant

Including use of specialist sources and appropriate referral

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	Patient on dialysis	
	Organ transplant	

Notes:

Candidate signature

Educational Supervisor signature

Date

Unit 3

HIV

What is HIV?

Human Immunodeficiency Virus (HIV) is a viral infection which causes destruction of your immune system cells. These cells are referred to as CD4+ cells. This impairs the body's ability to fight every day infections.

List Three examples of how HIV can be transmitted:

What is AIDS?

AIDS (acquired immunodeficiency syndrome) is the name given to potentially life-threatening infections and illnesses that are a result of HIV significantly damaging the immune system.

What is the aim of treatment?

Aim of treatment is to suppress the amount of virus in order prevent destruction of CD4+ cells (immune system cells). Therefore to check treatment is working viral load and CD4+ cell count are monitored.

If a patient was started on HIV medication would you expect the following to increase or decrease and why:

Viral Load: Increase or Decrease Why:

CD4+ Count: Increase or Decrease Why:

Candidate signature

Educational Supervisor signature

Date

Unit 3

HIV

Antiretroviral Drugs:

Antiretroviral drugs work by stopping the virus replicating itself by either targeting HIV entering the host cell or the different parts of the replication cycle. There are 5 main classes of antiretroviral drugs, differentiated by where the drug will target.

Drug Class	Mechanism of Action	Example
NRTI Nucleoside reverse transcriptase inhibitor	NRTI mimic components of DNA (called nucleosides) and will incorporate into HIV DNA . This will stop the enzyme called reverse transcriptase from binding and allowing HIV DNA to replicate.	
NNRTI Non nucleoside reverse transcriptase inhibitor	NNRTI will bind to reverse transcriptase. Reverse transcriptase usually will duplicate DNA. Therefore NRTI will stop HIV DNA replicating.	
Protease Inhibitor	Inhibit the productions of proteins needed for HIV cells to replicate.	
Fusion/ Entry Inhibitor	Block fusion on entry of HIV into host cell	
Integrase Inhibitor	Inhibits the integrase enzyme which allows viral DNA to integrate into host DNA	

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Date

Unit 3

HIV

Antiretroviral Drugs Continued:

Whilst there is no drug cure yet the aim of treatment is to have an undetectable viral load. Usually treatment would be 3 active drugs:

- 2 NRTIS + NNRTI/PI/INI
- Although depending on viral drug resistance profile this can differ.

If a patient has a low CD4+ count, they are more susceptible to infections, based on their CD4+ count patients may be put on prophylaxis antibiotics. One common example is co-trimoxazole or Dapsone for the prevention of PCP infection.

PEP: Post-exposure Prophylaxis

If a patient has been exposed to HIV, PEP treatment can be started up to 72 hours after the incidence. This is a 28 day course of antiretroviral medication.

Which 2 drugs are used for PEP:

1. _____
2. _____

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Date

Unit 3

HIV

PREP: Pre-exposure prophylaxis

Some patients may choose to take antiretroviral medication before anticipated event. This could be as daily dosing or 'on demand' or 'event based'.

Managing an inpatient with HIV:

There are several factors to consider if you come across an inpatient with HIV:

Confidentiality:

- Avoid using the terms HIV or AIDS e.g. on handover sheets, medical notes front page, blood forms, discharge letters

Drug history taking:

- Do not mention 'HIV' / 'AIDS' when talking to patient
- Patient may not want partner/spouse/family/friends/GP to know
- Use questions such as:
 - Where and when do you get more supply of these?
 - At home do other people know about these medicines?
 - When these run low, can we ask your friends/family to bring more in?

Avoid questions:

- "what do you take these for?"
- "do you have HIV?"

Don't say anything that would disclose patient's status

- Must check with patient: dose, dosing times, food requirement

Unit 3

HIV

Drug history taking continued:

- Many patients do not disclose to their GP
- GP surgery receptionists/other staff
- Other reasons
- Do not rely completely on GP surgery for info on anti-retroviral drugs.
- If SCR/repeat Rx list does not contain patient's ARVs, or the ARV details are different, do not contact the surgery.

Drug history taking if no information can be obtained from the patient:

1. Try carer/friends/family without disclosing the patient's status
2. Find out if the patient attends a clinic to obtain antiretroviral drugs supply
3. Find out the name, location/address of the clinic
4. Contact sexual health pharmacist if available or sexual health clinic
5. Many patients do not disclose to their GP
6. GP surgery receptionists/other staff

Patient own drugs:

- Use patient's own ARVs whenever possible
- Make sure drug name, formulation and dosing times are correct on chart
- Check that patients have a supply at home and/or have enough with them until they get their next scheduled supply via their sexual health clinic. Document clearly exact quantities where possible.

Supply:

It is important to ensure patient has supply of their HIV medication. If they have none with them, consider if they can be brought in. However doses must not be missed and supply may be required. Check with sexual health pharmacist as they may advise to cost to a specific cost centre.

Unit 3

HIV

Discharge:

Check if the patient does not want to disclose to GP

- Do not include ARVs on TTO letter
- Do not mention 'HIV' if it is not related to the hospital admission

Interactions:

If patient has any new medication prescribed this should be referred to a pharmacist. The Summary Product Characteristics and HIV Liverpool interactions website are key resources for checking for interactions.

Note some HIV medication will have specific food requirements so this should be checked.

Intervention Log

1 Demonstrate the ability to obtain an accurate medication history for a patient with HIV, including use of specialist sources and appropriate referral

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	

Candidate signature	
Educational Supervisor signature	
Date	

Unit 3

Epilepsy

Reading:

Candidate
Initials

Educational Supervisors
initials

Read **section 2** of the Script module on seizures, accessed via:
SCRIPT for pharmacy professionals > prescribing in medical
emergencies > seizures

Intervention Log

- 1 Document an intervention you have made regarding medication for an epilepsy patient.
Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention

Type

Ref Number

Candidate signature

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Date

Unit 3

Parkinson's Disease

Reading:

Candidate
Initials

Educational
Supervisors initials

Read the article on management of Parkinson's Disease:

[Considerations for the inpatient management of Parkinson's disease - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](http://pharmaceutical-journal.com)

Intervention Log

- 1 Document an intervention you have made regarding medication for an patient with Parkinson's disease

Intervention

Type

Ref Number

TASK 3g

List which medications should **not** be used in patients with Parkinson's Disease:

1)

2)

3)

4)

5)

Why should these medications not be used in Parkinson's Disease?

Candidate signature

Educational Supervisor signature

Date

Unit 3

Acute Kidney Injury

Reading/Tasks	Candidate Initials	Educational Supervisors initials
Watch the following CPPE videos on AKI: https://www.cppe.ac.uk/therapeutics/hospital-practice-video https://www.cppe.ac.uk/therapeutics/community-practice-video		
Read the following guidelines on AKI: Medicines-optimisation-toolkit-for-AKI-MAY17.pdf (thinkkidneys.nhs.uk)		
Complete the CPPE e-learning package— Biochemistry: Acute Kidney Injury Case Study 1 Biochemistry: Acute kidney injury case study 1 : CPPE		

Intervention Log

- 1 Identify a patient with AKI and document how this could implicate their medication management
Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	

Notes:

Candidate signature	
Educational Supervisor signature	
Date	

Unit 3

Swallowing Difficulties

Task 3h

Candidate
Initials

Educational Supervisors
initials

Complete the module on the e-lfh HEE portal titled dysphagia and medicines.

[HEE elfh Hub \(e-lfh.org.uk\)](http://e-lfh.org.uk)

Identify if there are any resources in your care setting that can be used to help determine how medication can be administered in swallowing difficulty and document below:

Candidate signature

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Date

Unit 3

Falls

Reading:

Candidate
Initials

Educational Supervisors
initials

Read the following article on preventing falls in the elderly:

<https://pharmaceutical-journal.com/article/ld/preventing-falls-in-older-people>

Intervention log

1) Identify a patient who has either had a fall or is at falls risk. Assess the risk factors contributing to the fall. Complete an Intervention log to document your findings.

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	

Task 3i

List **four** different medications which are associated with falls risk:

1) _____

2) _____

3) _____

4) _____

Candidate signature

Educational Supervisor signature

Date

Unit 3

Mental Health

Reading:

Candidate
Initials

Educational Supervisor
initials

Complete the following section on e-lfh module:

[HEE elfh Hub \(e-lfh.org.uk\)](http://www.e-lfh.org.uk)

Complete the zero alliance suicide awareness training on:

<https://www.zerosuicidealliance.com/training>

Complete the consulting with people with mental health problems on CPPE

[Consulting with people with mental health problems : CPPE](#)

There are a variety of mental health conditions with a variety of drug treatments. Complete the table giving an example of medication used as treatment and the drug class it belongs to:

Condition	Drug Name	Drug Class
Bipolar Disorder		
Schizophrenia		
Depression		
Anxiety		

You have a patient admitted with an intentional overdose of their medication, how would you minimise risk of medicine supply in the context of suicidal ideation?

Candidate signature

Educational supervisor signature

Date

Unit 3

Antipsychotics

Reading:	Candidate Initials	Educational Supervisors initials
Read the following section: https://bnf.nice.org.uk/treatment-summary/psychoses-and-related-disorders.html		
Read your local policy on rapid tranquilisation		
Read the following on zuclopenthixol acetate (Clopixol Acuphase) https://www.choiceandmedication.org/sussex/medication/zuclopenthixol/		

Task 3j

What common monitoring is needed for patients taking antipsychotics?

What are the most common side effects of antipsychotics?

Consider how you may approach counselling a patient with mental health problems (including topics of discussion)?

Candidate signature	
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Date	

Unit 3

Clozapine

Reading:	Candidate Initials	Educational Supervisors initials
Read the following page on clozapine from the CQC https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-clozapine		
https://www.choiceandmedication.org/sussex/medication/clozapine/		

Intervention log

- 1 Document an intervention you have made regarding a patient on clozapine. Remember to use the clozapine check list when taking a medication history.

Intervention	Type	Ref Number

Task 3k

Please answer the following questions

- 1) What is Clozapine used for?
- 2) What blood tests are carried out and what is the significance of them?
- 3) List 3 common side effects of clozapine
- 4) You've carried out a drug history and identify the patient has missed more than 48 hours of clozapine, what would you do?
- 5) The patient reports they have not opened their bowels for several days, given they are on clozapine what are your concerns?
- 6) How would stopping smoking affect clozapine levels?

Candidate signature

Educational supervisor signature

Date

Clozapine Checklist for Technician Referral

If you encounter a patient on your wards who is taking or has recently taken Clozapine (stopped within the last month) then you should refer them to your ward pharmacist for review.

Information to hand over to the pharmacist:

Is the patient still taking Clozapine (if no when did they stop and why) <i>If more than 48 hours, an urgent referral is required.</i>	
When was the last dose taken (date and time)	
Has it been prescribed on the inpatient chart and what is the dose	
Does the patient have a supply (if yes give details)	
Has the patient recently stopped smoking or on NRT (give details)	
Has the patient or MDT reported or recorded constipation or signs of constipation	
Has the patient been prescribed antibiotics	
When was the patients last clozapine blood test	

Clozapine may not appear on the GP record, therefore refer a patient if they: -

- Bring in clozapine
- Report or their carer reports they take clozapine
- Records show they have had clozapine in the past

This information should also be handed over to the clozapine technician / team if you have one within your Trust. If your Trust does not have a clozapine supply service contact your local mental health trust to find out about clozapine supply in your area and any helpful contact numbers.

The clozapine supply service in my area is: _____

The contact number for this service is: _____

Unit 3

Lithium

Reading:

Read the following pages on lithium from the CQC and C&M:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-lithium>

<https://www.choiceandmedication.org/sussex/medication/lithium-carbonate-and-citrate>

Candidate
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Intervention log

- 1 Document an intervention you have made regarding a patient on lithium. Remember to use the lithium check list when taking a medication history. Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention

Type

Ref Number

1

Task 31

Please answer the following questions:

- 1) What is lithium used for?
- 2) List 2 brands of lithium?
- 3) List 3 common side effects of lithium
- 4) What are the most common signs of lithium toxicity?
- 5) List 3 of the most common interactions with lithium (including OTC medicines).
- 6) A patient on lithium has been prescribed ibuprofen 400mg up to TDS PRN, what are your thoughts?

Candidate signature

Educational supervisor signature

Date

Lithium Checklist for Technician Referral

If you encounter a patient on your wards who is taking or has recently taken lithium (stopped within the last month) then you should refer them to your ward pharmacist for review.

Information to hand over to the pharmacist:

Is the patient still taking lithium (if no when did they stop)	
What dose is prescribed on their inpatient chart	
Which brand is being used	
Are they taking tablets or liquid? Has this changed recently?	
Does the patient have their lithium booklet with them?	
Are there any recent plasma levels and if so what are they	
Has the patient had any new medications prescribed since admission?	

About lithium: Lithium carbonate (also called Camcolit®, Lithium Carbonate Essential Pharma®, Priadel® or Liskonum®) or lithium citrate (also called Priadel® or Li-Liquid®) is used to help prevent the symptoms of bipolar mood disorder (e.g. depression or mania) coming back. It can also be used to help the symptoms of mania, unipolar depression, aggression and cluster headaches.

- Lithium has a narrow therapeutic window and bioavailability differs between the brands and the form it comes in i.e. tablets or liquid. Prescribing and dispensing is brand specific.
- Lithium has some significant side effects so must be closely monitored, with blood tests and plasma levels. Because of the narrow therapeutic window lithium must have plasma levels monitored the frequency will depend on how long the patient has been on lithium and what their previous level was and if they have any risk factors.
- Regular blood tests are required as lithium can affect renal and thyroid functions therefore urea & electrolytes (U&Es) including renal function and thyroid function tests need to be carried out as per Trust guidance.
- Lithium has some significant interactions especially with medicines that affect the renal function such as NSAIDS, diuretics, ACE inhibitors.
- Adherence with lithium is important as abrupt discontinuation of treatment is associated with an increased risk of early relapse of mania. When discontinuing treatment, doses should be gradually tapered over at least four weeks and but preferably longer lithium, where discontinuation over three months is preferable.
- Patient should have a patient information booklet with them which details all the important information about the lithium they are taking.

Unit 3

Antidepressants

Reading:

Candidate
Initials

Educational
Supervisors initials

Read the BNF treatment summary for antidepressants:
<https://bnf.nice.org.uk/treatment-summary/antidepressant-drugs.html>

Read the Choice and Medication summary on depression:
www.choiceandmedication.org/sussex/condition/depression/

You have just completed a drug history for a surgical patient who is taking sertraline 100mg OD. You notice on their drug chart they have newly been prescribed ibuprofen 400mg TDS. Who would you refer this to and why?

What is hyponatraemia and what is the significance of this with antidepressant treatment?

Fill in the table below:

Antidepressant	Drug class e.g. SSRI
Fluoxetine	
Venlafaxine	
Mirtazapine	
Citalopram	
Amitriptyline	

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Date

Unit 3

Valproate

Reading:

Read the following page on valproate from the CQC

<https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-valproate>

Read the Choice and Medication Summary on valproate salts

www.choiceandmedication.org/sussex/medication/valproate-salts/

Candidate
Initials

Educational Supervisors
initials

Case Study

Ellie Pim is a 32 year old female admitted into your hospital with intractable nausea and vomiting. You read her notes which documents she has just been confirmed to be pregnant.

PMH: Bipolar disorder

Medication: Sodium valproate 500mg BD

The nurse on the ward comes to you and requests her medication which is due now and they have no stock of. What are your concerns, how would you respond?

Candidate signature

Educational supervisor signature

Date

Unit 3

Hypnotics and anxiolytics

Reading:

Candidate
Initials

Educational
Supervisors initials

<https://bnf.nice.org.uk/treatment-summary/hypnotics-and-anxiolytics.html>

Case Study

You carry out a drug history for Mr Snoozy who was admitted with a fractured arm following a fall. You note he has been having zopiclone 7.5mg every night to help him sleep for the last year however this has not been prescribed. His medical notes document increased confusion. What would your concerns be and what would you do with this information?

Candidate signature

Educational supervisor signature

Date

End of Unit Review

Unit 3

Candidate reflection

Educational supervisor feedback

Further learning / Actions

Candidate signature

Educational supervisor signature

Date

Unit 4

Patients Adherence, Medicines Management,
Optimisation and Safety.

Unit 4

Patients Adherence, Medicines Management, Optimisation and Safety.

Patient's Adherence, Medicines Management, Optimisation and Safety

Understand and demonstrate the ability to ensure patient adherence, medication management, optimisation and

		Learning Outcome
Adherence	4.1	Understand causes of poor medication adherence and role to improve adherence
	4.2	Demonstrates ability to identify medication non-adherence including using appropriate consultation skills
	4.3	Demonstrates ability to address medication non-adherence and being able to discuss with patients, to explore solutions, intervene or refer appropriately.
Access to medicines	4.4	Understand access to medicines is available through various routes and GP records may not include all information regarding patient medication.
	4.5	Understand that the supply of medication provides a point of interaction or intervention by pharmacy professionals.
	4.6	Demonstrate and recognise the role of a pharmacy technician in ensuring access to medication is: safe, person-centred, timely, equitable, efficient & effective.
Medicines Optimisation	4.7	Understand the principles of medicines optimisation
	4.8	Demonstrate the ability to contribute towards medicines optimisation
Medication Safety	4.9	Demonstrates ability to identify and intervene to ensure medication safety
	4.10	Understands what national patient safety alerts are

Unit 4

Adherence

E-Learning

E-Learning	Candidate Initials	Educational Supervisors initials
Read the section 1 of the CPPE module: consultations for pharmacy practice: taking a patient –centred approach https://www.cppe.ac.uk/gateway/consultfound		

Intervention Log

1 Identify a patient with medication non-adherence and document how you intervened.
Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	

Candidate signature

Educational Supervisor signature

Date

Unit 4

Access to Medication

Task 4a

Access to medication can be through a variety of routes. Whilst GPs are one of the main sources of prescriptions they may not be the only provider. Therefore it is important to note GP records may not contain all the information regarding patient medication supply. Pharmacy professionals have a responsibility to ensure access to medication is safe, person-centred, timely, equitable, efficient and effective. The supply of medication provides a point of interaction between the pharmacy professional and patient.

Can you list 3 examples of other sources of medication?

1)

2)

3)

E-Learning

Candidate
Initials

Educational Supervisors
initials

Complete the CPPE Mental Health Card 11: Transfer of care:

<https://www.cppe.ac.uk/gateway/mhc>

Intervention Log

1 Document a drug history you have completed for a patient that receives medication from another source that is not their GP

2 Document when you have intervened when supplying a medication to a patient.

Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention

Type

Ref Number

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Date

Unit 4

Medicines Optimisation

Reading

Candidate
Initials

Educational
Supervisors initials

Read the medicines optimisation section of the MEP

<https://www.rpharms.com/publications/the-mep>

NOTE: you will need RPS membership or access to a paper copy of the MEP

Task 4b

List the four principles of medicines optimisation:

Intervention Log

1 Document an interaction you have had with a patient and how you have contributed to their medication optimisation.

Use the table below to document the title of your intervention and the reference number from

Intervention	Type	Ref Number
--------------	------	------------

--	--	--

Candidate signature

Educational Supervisor signature

Date

Unit 4

Medication Safety

Reading	Candidate Initials	Educational Supervisors initials
Read the WHO handout on patient safety: https://www.who.int/teams/integrated-health-services/patient-safety/guidance/curriculum-guide-tools/resources Go to teaching resources > handouts > course 01		
Read the WHO handout on improving medication safety: https://www.who.int/teams/integrated-health-services/patient-safety/guidance/curriculum-guide-tools/resources Go to teaching resources > handouts > course 11		
Watch the video on National Patient safety alerts https://www.england.nhs.uk/patient-safety/patient-safety-alerts/		

Intervention Log

- 1** Demonstrate an intervention you have made to ensure medication safety.
- Use the table below to document the title of your intervention and the reference number from your Intervention Log where you have documented your steps taken.

Intervention	Type	Ref Number
	1	

Candidate signature

Educational Supervisor signature

Date

End of Unit Review

Unit 4

Candidate reflection

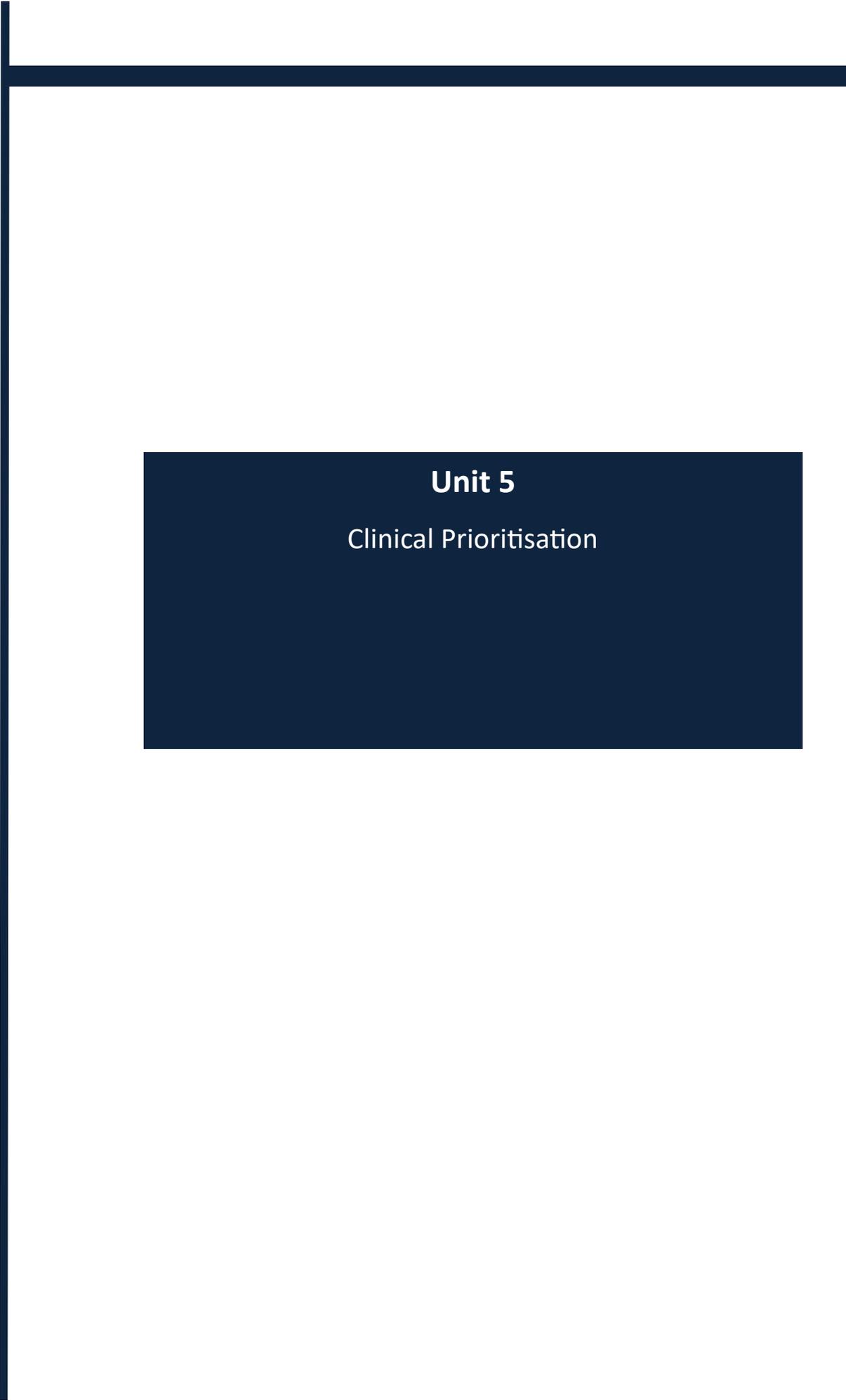
Educational supervisor feedback

Further learning / Actions

Candidate signature

Educational supervisor signature

Date



Unit 5

Clinical Prioritisation

Unit 5

Clinical Prioritisation

Clinical Prioritisation

Demonstrate the ability to ensure clinical prioritisation of patients to minimise risk and optimise care

		Learning Outcome
Dealing with conflicting information	5.1	Demonstrates ability to deal with conflicting information and prioritise conflicting information
Knowledge based prioritisation	5.2	Demonstrates ability to handle complex information and apply underpinning knowledge to enable prioritisation to minimise risk and optimise care
Referral Process Knowing your limitations and who/what/when/how to refer Handover Technique Documentation	5.3	Demonstrates application of a robust referral process and ability to refer appropriately. This includes recognising limitations, referring to appropriate person taking into consideration, time and place, handover technique, Information communicated and documentation of referral.
Consulting different patient groups	5.4	Has knowledge of skills required to consult with different patient groups
	5.5	Demonstrates ability to consult with different patient groups

Unit 5

Dealing with Conflicting Information

Introduction

As part of your role as a pharmacy technician and through the course of your day-to-day work you will consistently come across conflicting information. The task below is designed to allow you to demonstrate your ability to deal with this conflicting information and prioritise it as appropriate.

TASK 5a

Learning Outcome	Task/Competency	Candidate Initials	Educational Supervisors Initials
Demonstrates ability to deal with conflicting information and prioritise conflicting information	Mini-Cex Ref:		
	Drug History		

Candidate signature

Educational Supervisor signature

Date

Unit 5

Knowledge Based Prioritisation

Learning

Candidate

Educational

Look at the Prioritisation Tool (Adapted Pharmaceutical Assessment Tool) (page 23 of Handbook) and learn how you can use it to prioritise patient's in your day to day practice.

Complete the task below using the tool to demonstrate meeting the learning outcome

TASK 5b

Learning Outcome	Task/Competency	Candidate Initials	Educational
Demonstrates ability to handle complex information and apply underpinning knowledge to enable prioritisation to	Mini-Cex Ref:		

Candidate signature

Educational Supervisor signature

Date

Unit 5

Referral Process

Knowing your limitations, who/what/when and how to refer, handover technique and documentation

Learning	Candidate Initials	Educational Supervisors initials
Read through and familiarise yourself with the document 'Referral criteria for high risk conditions and medicines' (page 24 of handbook). Demonstrate the application of the information within Task 5c.		
Familiarise yourself with the SBAR handover sheet (page 15 of handbook) and as part of Task 5c use the SBAR process to hand-over your referral and/or patient to the appropriate MDT mem-		

TASK 5c

Learning Outcome	Task/Competency	Candidate Initials	Educational
Demonstrates application of a robust referral process and ability to refer appropriately. This includes recognising limitations, referring to appropriate person taking into consideration, time and place, handover technique, information communicated and documentation of referral.	Mini-Cex Ref:		

Candidate signature

Educational Supervisor signature

Date

Unit 5

Case study

Document a case study for a patient you have required to deal with conflicting information, clinically prioritise and refer

Patient ID:

Age:

Male or
Female

Ward:

Presenting Complaint:

Past Medical History:

Medicines Reconciliation:

Notable blood results and interpretation:

Observations and Interpretation:

Summary of findings including management of conflicting information and clinical prioritisation:

Details of referral made:

Unit 5

Case Study

Reflection of case study

Educational supervisor feedback

Candidate signature

Educational supervisor signature

Date

Unit 5

Consulting Different Patient Groups

E-Learning	Candidate Initials	Educational Supervisors initials
Complete the CPPE Consultation Skills package—Advanced Level— Dementia. https://www.cppe.ac.uk/programmes/l/consultdem-e-01		
Complete Card 12 of the CPPE’s Mental Health Cards. https://www.cppe.ac.uk/gateway/mhc		
Complete the CPPE Consultation Skills package—Advanced Level— Learning Disabilities. https://www.cppe.ac.uk/programmes/l/learndislc-d-01		
Complete the CPPE Consultation Skills package—Advanced Level— Consultation skills for pharmacy practice: taking a patient centred approach. https://www.cppe.ac.uk/gateway/consultadv		

Candidate signature

Educational Supervisor signature

Date

End of Unit Review

Unit 5

Candidate reflection

Educational supervisor feedback

Further learning / Actions

Candidate signature

Educational supervisor signature

Date

Clinical Prioritisation for Pharmacy Technicians

Final Assessment and Sign Off

Introductory Module

Candidate name	
Organisation	
Educational Supervisor Name	
Date	
Module	Signed as completed by Educational supervisor
Unit 1: Legal & Ethical	
Unit 2: Reviewing, Interpreting and Evaluating Sources of Patient Information and Results	
Unit 3: High Risk Conditions and Medicines	
Unit 4: Patients Adherence, Medicines Management, Optimisation and Safety	
Unit 5: Clinical Prioritisation	
Assessment Decision	Yes/No
I, the candidate have completed all the formative assessments and feel I have demonstrated competence in all areas.	
I, the ES am satisfied that the candidate has met all the requirements of the units outlined above, demonstrated competence and can conduct clinical prioritisation to a baseline level and within the remits of their job	

Candidates signature	
Educational Supervisors signature	
Educational Programme Directors Signature	
Date	

Clinical Prioritisation for Pharmacy Technicians

Final Assessment and Sign Off

Introductory Module

Give a brief description of what you have learnt through completing this course:

How will you put what you have learnt into your daily practice:

Educational Supervisor comments:

Next Steps:

Use this space to give a brief description of what your next steps will be after completing this course.

