

KHP Pharmacy Foundation Simulation Pack

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Pharmacy Foundation Simulation Pack

In 2021 Kings Health Partners and Lewisham and Greenwich NHS Trust undertook a project supported by innovation funding from Health Education England. The project aim was to establish a model and infrastructure for using simulation as a method of training preregistration pharmacy professionals.

Simulation training is an educational platform widely used in health professions, giving learners opportunities for deliberate practice in safe environments. Evidence suggests it provides trainees with powerful and transformative learning experiences that influence behaviour and fill knowledge gaps. This will contribute to giving trainees the right skills, values and behaviours at the right time and in the right place to meet patient needs.

This pack contains nine simulation training scenarios for trainee pharmacists (TP) and pre-registration pharmacy technicians (PTPT). Scenarios run for between 10-20 minutes with approximately 40 minutes to undertake a debrief.

Each scenario includes:

- Overview of the scenario: learning objectives, scenario background, equipment required, props, fidelity and roles of actors.
- Actor briefing: Needed for standardised patients/relatives and embedded participants. It details, what words to say, what to avoid, what emotions you want to portray, and behaviours you wish to exhibit.
- Practitioner briefing and resources: Introduces learners to the concept of simulation, orients them to the simulation environment and embedded participants.
- Debriefing: At the end of the scenario, a debrief is undertaken to review, emphasise, and provide feedback covering objectives; this is a guided period of reflection that should take approximately twice as much time as the scenario itself.

Simulation training must be carried out by facilitators who have undergone appropriate simulation debrief training. There are various simulation debriefing models that can be used. For the purposes of this project we were trained in and used a modified Diamond Debrief model using plus/delta¹. Conducting a rehearsal of scenarios is recommended to optimise the process, with attention to time and flow.

Scenario 1 – Anticoagulation Counselling

Course Title	Pharmacy Foundation Simulation
Scenario	Anticoagulation counselling
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 2 Actors (Patient & Senior ward pharmacist) <i>Depending on experience of facilitator this scenario can be run with only 2 faculty members. The facilitator can be the senior ward pharmacist in the control room (i.e. contactable via the phone).</i>
Scenario Participants:	1 x Trainee Pharmacist or Preregistration trainee pharmacy technician

Details outlined in **bold red** are to be modified depending if the faculty actor is male or female to maintain a high level of fidelity.

Patients Name	Mrs Joan Finch / Mr John Finch	NHS Number	400 500 6000
Patients D.O.B	27/10/1967	Hospital Number	C50967
Main Clinical Problem	Newly-diagnosed post-operative Atrial Fibrillation	Potential Human Factor Skills	1. Communication 2. Situational awareness
Learning Goal	1) Apply the MRCF in the context of atrial fibrillation. 2) Evaluate medicines adherence. 3) Formulate an individualised approach to supporting adherence. 4) Identify personal biases and challenges to effective patient communication 5) To recognise limitations and escalate when necessary		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient Faculty Embedded Participant: 1x Senior ward pharmacist		
Pre-Briefing	<p><u>Pre-brief to learners:</u> Scenario is based on Moore (surgical) ward. The practitioner is the ward pharmacist/technician and has arrived on the ward in the morning, having been asked by the senior ward pharmacist to speak to the patient about his/her newly started warfarin. Doctor has already explained why warfarin has been started. However, there was a lot of information off-loaded to the patient. The patient has various pre-conceived ideas and concerns about the warfarin. The practitioner will be required to carry out a patient consultation; to identifying and addressing any patient concerns and issues the patient has.</p> <p><u>Pre-brief for Practitioner:</u> Scenario is based on Moore (surgical) ward. The practitioner is the ward pharmacist/technician and has arrived on the ward in the morning, having been asked by the senior ward pharmacist to speak to the patient about his newly started warfarin. Doctor has already explained why warfarin has been started. However, there was a lot of information off-loaded to the patient,. The patient has various pre-conceived ideas and concerns about the warfarin.</p> <p>The patient's dose of warfarin is currently 3mg daily. The medication and booklet have been placed on the patient's side table. You are required to conduct a consultation on warfarin with the patient, answer questions the patient may have and ease any concerns. The senior pharmacist is available to contact via phone if needed. You may utilise any props you see fit.</p>		
Kit preparation	Warfarin 1mg, 3mg & 5 mg tablets - labelled "take as directed" Warfarin booklet Patient information leaflet		

Environment	<p>Ward environment:</p> <ul style="list-style-type: none"> • Bed • Adjustable bed table • Patient bedside cabinet with POD locker • Bedside Chair <p>Can have scattered patient belongings such as a bag, a book or magazine on the table. Phone to contact control room.</p>
Notes to faculty	<p>Scenario ends after patient understanding is clarified and after patient is asked and answers if they have further questions.</p> <p><i>“This scenario is designed to replicate a patient consultation in a ward-based setting familiar to practitioners. It is designed to test practitioners’ awareness and ability to ease/dispel pre-conceived beliefs patients have towards anticoagulation therapy. Additionally, this scenario aims to build patient consultation skills, whilst honing in on the importance of understanding the patient experience, allowing for negotiation of shared agendas and helping to provide practical solutions to patient issues, whilst being able to recognise limitations and to escalate to appropriate persons where one feels necessary.”</i></p> <p>Clinical learning points: discussing risks versus benefit with patients, risks of warfarin, interaction between NSAIDs and St John’s Wort, importance of INR target ranges and testing.</p>
References/ guidelines/ pre-reading / web links	<p>eMC: Warfarin https://www.medicines.org.uk/emc/product/3064/smpc</p> <p>Atrial fibrillation: Management for people presenting acutely with atrial fibrillation: https://www.nice.org.uk/guidance/cg180/chapter/1-Recommendations#management-for-people-presenting-acutely-with-atrial-fibrillation</p> <p>Post-operative atrial fibrillation: Jagadish, Pooja S et al. “Post-operative atrial fibrillation: should we anticoagulate?.” <i>Annals of translational medicine</i> vol. 7,17 (2019): 407. doi:10.21037/atm.2019.07.10</p>

Scenario 1 – Practitioner Briefing

You are the junior pharmacist covering half of Moore (surgical) ward and have just arrived on the ward. The senior pharmacist covering the other half of the ward has requested that you counsel a patient who has newly started warfarin for them, as they have to see to another urgent matter.

The junior surgical doctor has already explained why warfarin she has been started. However, during the consultation a lot of information was off-loaded to the patient.

Mrs Joan Finch's / Mr John Finch's dose of warfarin is currently 3mg daily. The medication and booklet have been placed on the patient's side table.

For this simulation scenario you will be required to counsel this patient on warfarin, answer questions the patient may have and ease any concerns. The senior pharmacist is available to contact via phone if needed. You may utilise any props you see fit.

Patients Name	Mrs Joan Finch / Mr John Finch	NHS Number	400 500 6000
Patients D.O.B	27/10/1952	Hospital Number	C50967

Past medical history: hypertension, hypercholesteremia, type 2 diabetes mellitus, newly diagnosed post-op AF.

Drug history: Amlodipine 10mg OD, Ramipril 5mg OD, Atorvastatin 40mg OD, Bisoprolol 1.25mg OD, Metformin 1000mg BD

Allergies: NKDA

Results of Observations

Observations from the morning

Observation	Reading
Heart Rate	78 bpm
O ₂ saturations	98%
Blood pressure	135/82 mmHg
Temperature	36 degrees C
Respiratory rate	12/min

Results of Investigations

Test	Result	Reference range
Haemoglobin	136 g/L	134-166 g/L
WBC total	5.8 x 10 ⁹ /L	3.6 – 11.0 x 10 ⁹ /L
Platelet count	200 x 10 ⁹ /L	140 – 400 x10 ⁹ /L
MCV	90fL	80 – 100 fL
INR	1.5	Target 2-3
Sodium	137 mmol/L	133-146 mmol/L
Potassium	4.1 mmol/L	3.5-5.3 mmol/L
Phosphate	0.84 mmol/L	0.8-1.3 mmol/L
Urea	2.5 mmol/L	2.5-7.8 mmol/L
Creatinine	115 µmol/L	60-120 µmol/L
CRP	4mg/L	0-10mg/L

Scenario 1 – Embedded Participant Briefing (Ward Pharmacist)

Role/ Title: Senior Ward pharmacist

What to wear: Smart work attire

Instructions: Practitioner may escalate scenario to you, if they feel it is appropriate to do so for example with regards to advice on Anadin Extra and St John's Wort, or increasing dose of warfarin instead/ patient's concerns about stress regarding INR monitoring. You should respond appropriately by explaining that you will escalate his pain and low mood during MDT and that warfarin is the best therapy.

Scenario 1 – Patient Role Briefing

Mrs Joan Finch / Mr John Finch

D.O.B. 27/10/1967

Simulated Human Patient

What to wear: own clothes/hospital gown

Instructions (give indications of behaviours/ knowledge level & phrases to say)

You should appear engaged and receptive but easily overwhelmed by information. Ask for clarification of technical terms such as INR and prothrombin time.

Background:

You have had surgery (hip replacement) and been started on warfarin for “*fibrillation*”. It is a new condition and you have some idea of what it is from the doctor who explained, but you were overwhelmed by the amount of information provided that you still require more explanation for understanding. You do not like that a new medication has been added to your list of drugs, but with persuasion can see the importance.

- **Past medical history:** hypertension, hypercholesteremia, type 2 diabetes mellitus, newly diagnosed post-op AF.
- **Drug history:** Amlodipine 10mg OD, Ramipril 5mg OD, Atorvastatin 40mg OD, Bisoprolol 1.25mg OD, Metformin 1000mg BD
- **Allergies:** NKDA
- **Social history:** Retired accountant, lives with husband, ex—smoker (23 years)

Responses:

- **When asked if you know about the condition and warfarin:** give a basic answer e.g. say “*it’s called something-fibrillation, my heart is not working properly, so I need warfarin to prevent clots*”
- **If asked about compliance with other medications:** explain that you do have a self-filled dosette that you leave on your bedside table to help you to take the medication, you normally do them all in the morning, and your husband is helpful with reminding you. If you forget in the morning state that you always take them just before bed.
- Explain that you are worried about adding more medications to your list as you already have “*so many.*”
- **When asked about OTC medications:** state that you sometimes take Anadin Extra (paracetamol, aspirin, paracetamol), as that is what your wife buys. You recently purchased St John’s Wort on Amazon for low mood but have not yet started taking them.
- **When asked not to take NSAIDs:** clarify if aspirin in your Anadin Extra is safe
- Express concerns about the need for blood tests and the side effects around serious bleeding, could say something like, “*do I really need to take this, I’ve never had this fibrillation problem before, I’m not sure I want to take this....*”

Potential questions: When asked if you have any questions:

- If not addressed already ask about your OTC medications: St John’s Wort, Anadin Extra

- If not addressed already ask about methods to help with remembering to take your warfarin
- If not addressed already ask about where to obtain further supply of warfarin
- If not addressed, ask how long you will need to take warfarin for
- If not addressed, ask how often you will need to have blood tests

Otherwise, no further questions.

Scenario 2 – Parkinson’s Disease Drug History

Course Title	Pharmacy Foundation Simulation
Scenario	Parkinson’s Disease Drug History
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 3 Actors (Patient, Patient’s wife & Doctor) <i>Depending on experience of facilitator this scenario can be run with only 3 faculty members. The facilitator can be the doctor in the control room (i.e. contactable via the phone).</i>
Scenario Participants:	1 x Trainee Pharmacist and 1x Preregistration trainee pharmacy technician

Patients Name	Charlie Grubber	NHS Number	6953347265
Patients D.O.B	11/03/1940	Hospital Number	LG367564
Main Clinical Problem	Mr Gruber is an 81-year-old patient who has been admitted with a fall and urinary incontinence. Mr Gruber has a history of severe but well managed Parkinson’s Disease. Mr Gruber is residing on Ward 17. The drug history and medicines reconciliation need to be completed.	Potential Human Factor Skills	1. Teamwork 2. Communication 3. Decision making 4. Care and compassion
Learning Goal	<ol style="list-style-type: none"> 1) Identify human factors that influence individual and team performance 2) Recognise personal and professional limitations and work with others to respond to urgent requests 3) Organise and prioritise workload 4) Combine clinical and pharmaceutical knowledge together with effective listening and questioning skills to respond appropriately to clinical queries 5) Apply knowledge of critical medicines to assist with prioritisation of pharmaceutical issues 6) Identify cognitive impairment and account for this in drug history taking 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient, 1x Patient’s Wife (Patient’s wife has a staggered entry.) Faculty Embedded Participant: 1x Doctor		
Pre-Briefing	<p><u>Pre-brief to learners:</u> It is 10:00 on a Tuesday on Ward 17. Mr Gruber is an 81-year-old patient who has been admitted with a fall and urinary incontinence. Mr Gruber has a history of severe but well managed Parkinson’s Disease. The PTPT must complete Mr Gruber’s drug history and relay the findings to the TP. The TP must complete the medicines reconciliation and discuss any issues with the doctor.</p> <p><u>Pre-brief for PTPT:</u> It is 10:00 on a Tuesday on Ward 17. Mr Gruber is an 81-year-old patient who has been admitted with a fall and urinary incontinence. Mr Gruber has a history of severe but well managed Parkinson’s Disease. You must complete the drug history for Mr Gruber. Once complete, bleep the TP to come to the ward and relay your findings.</p> <p><u>Pre-brief for TP:</u> It is 10:00 on a Tuesday on Ward 17. Mr Gruber is an 81-year-old patient who has been admitted with a fall and urinary incontinence. Mr Gruber has a history of severe but well managed Parkinson’s disease. The PTPT is completing Mr Gruber’s drug history. Once the PTPT is finished, the PTPT will call you to come to the ward to discuss the drug history. You will then need to complete the medicine reconciliation, any issues that arise can be discussed with the doctor who is sitting at the Nursing station.</p>		

Kit preparation	Hospital bed Notepad for PTPT (For documentation of drug history) Notepad for TP Hospital dressing gown for the patient Bleep and telephone Chair and desk Practitioner Resources (Post Take Ward Round Notes) Practitioner Resources (Blood Results) Practitioner Resources (Drug Chart) Practitioner Resources (Summary Care Record)
Environment	Ward environment: <ul style="list-style-type: none"> • Bed • Adjustable bed table • Patient bedside cabinet with POD locker • Bedside Chair Can have scattered patient belongings such as a bag, a book or magazine on the table. Phone to contact control room.
Notes to faculty	<p>End point - Scenario ends when: The TP ends the conversation with the doctor</p> <p>Discrepancies Co-careldopa 25mg/100mg has incorrect times on the drug chart – Correct times are 06:00, 09:00, 12:00, 15:00, 18:00, 21:00.</p> <p>Co-careldopa M/R tablets has the wrong strength on the drug chart – Correct strength is 50mg/200mg.</p> <p>ALL OTHER MEDICATIONS ARE CLINICALLY CORRECT</p> <p>Clinical learning points: Parkinson’s medicines are time critical medications; treatment regimens should be prescribed in accordance with patient’s treatment plans. Medications not given at the correct time or missed can result in loss of symptom control. Also, can explore handover, conflict/dealing with complaints and duty of candour.</p> <p>Human factors to explore is the teamwork and communication explore the handover between the practitioners. The compassion with dealing with a confused patient and an upset spouse.</p>
References/ guidelines/ pre-reading / web links	The Medication Question Parkinson's Foundation Time sensitive medicines Care Quality Commission (cqc.org.uk)

Scenario 2 – Practitioner Briefing (PTPT & TP)

It is 10:00 on a Tuesday on Ward 17. Mr Gruber is an 81-year-old patient who has been admitted with a fall and urinary incontinence. Mr Gruber has a history of severe but well managed Parkinson's Disease.

PTPT - You must complete the drug history for Mr Gruber. Once complete, bleep the TP to come to the ward and relay your findings.

TP - Once the PTPT is finished, the PTPT will call you to come to the ward to discuss the drug history. You will then need to complete the medicine reconciliation, any issues that arise can be discussed with the doctor who is sitting at the Nursing station.

Scenario 2 – Practitioner Resources (Post Take Ward Round Notes)

Post Take Ward Round

Charlie Gruber (Male) **DOB:** 11/03/1940 **NHS No:** 6953347265 **Hosp.No:** LG367564

PC: Fall, Urinary incontinence

HPC: The patient slipped off of the side of the bed today. He was sitting on the edge, reported to wife that he felt weak, as she tried to help him stand, he slid to floor. He does not report any injury and did not hit his head, he reports no head or neck pain at all.

Prior to the fall, the patient had one episode of urinary incontinence, he mobilised to the bedroom where his wife helped change his clothes.

PMH: Parkinson's disease, Hypothyroidism.

DHx:

Co-careldopa (carbidopa 25mg/levodopa 100mg) tablet, ONE tablet six times a day

Co-careldopa M/R (carbidopa 25mg/levodopa 100mg) TWO tablets at night

Levothyroxine tablet, 125micrograms ONE tablet in the morning

Paracetamol 500mg tablet, 1gram QDS prn pain

SH: Lives with wife who is main carer. Mobilises with a walker outside, uses a stick inside. Nil smoking or EtOH.

NKDA

Observations & Measurements:

T: 37.5 °C (Oral) **RR:** 14 **BP:** 157/87 **SpO2:** 97% **WT:** 82 kg

A: Patent, SV

B: Bibasal fine creps, no added WoB at rest lying flat

C: Periph warm, CRT <2s, HS dual no murmur, loud S2

D: GCS 15, Parkinsonian tremor

E: Abdo SNT

urine dip - nitrite positive, leucs 3+, protein 1+

Clinical Summary:

1) Fall

2) UTI +/- LRTI

Plan

1. IV amoxicillin and gentamicin (dose given in ED on admission)

2. IV fluids

3. ?PD nurse review

Scenario 2 – Practitioner Resources (Blood Results)

Blood results – Results are from today

WBC - 7.4
Hb – 112
Pt – 205
Neut - 5.5
Lymp - 1.0
Na – 135
K - 4.6
Cl – 98
Urea - 7.8
Cr – 81
CRP - 50

Scenario 2 – Practitioner Resources (Drug Chart)

Name: Charlie Gruber D.O.B. 11/3/1940 NHS No: 6953347265 Hosp. No: LG367564

Regular Medication

DRUG (APPROVED NAME)						Dose	Route	Additional Information	Date →	
ENOXAPARIN						40mg	SC		Specify times ↓	
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period		DHx N	Pharmacy Screened	PODH Y / N	0600	0800	1200
								1400	1800	2200
GENTAMICIN						250mg	IV	Indication: ?Sepsis Urinary/chest Weight: 82 kg 3mg/kg		
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period R/V: 48 hrs		DHx N	Pharmacy Screened	PODH Y / N	0600	0800	1200
								1400	1800	2200
AMOXICILLIN						1g	IV	Indication: ?Sepsis Urinary/chest		
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period R/V: 48 hrs		DHx N	Pharmacy Screened	PODH Y / N	0600	0800	1200
								1400	1800	2200
CO-CARELDOPA 25mg/100mg						T	PO			
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period		DHx	Pharmacy	PODH Y / N	0600	0800	1200
								1400	1800	2200
LEVOTHYROXINE						125 micrograms	PO			
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period		DHx	Pharmacy	PODH Y / N	0600	0800	1200
								1400	1800	2200
CO-CARELDOPA 25mg/100mg M/R						TT	PO			
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX		Valid Period		DHx	Pharmacy	PODH Y / N	0600	0800	1200
								1400	1800	2200

As Required Medication

DRUG (APPROVED NAME)			Date										
PARACETAMOL													
Dose 1g	Maximum frequency QDS	Route PO	Time										
Start Date DD/MM/YYYY	Signature & Bleep no. XXX	Pharmacy	Dose/Route										
Other instructions	DHx	PODH Y/N	Given										

Scenario 2 – Practitioner Resources (Summary Care Record)

Summary Care Record

Charlie Gruber (Male) **DOB:** 11/03/1940 **NHS No:** 6953347265 **Hosp. No:** LG367564

Paracetamol 500mg Tablets TWO TABLETS EVERY FOUR TO SIX HOURS WHEN REQUIRED

Co-careldopa 50mg/200mg Modified Release Tablets TWO TABLETS ONCE A DAY

Levothyroxine 100 micrograms Tablets ONE TABLET ONCE A DAY

Levothyroxine 25 micrograms Tablets ONE TABLET ONCE A DAY

Co-careldopa 25mg/100mg Tablets ONE TABLET SIX TIMES A DAY

Assume these medications have all been issued within the last month

Scenario 2 – Embedded Participant Briefing (Patients Wife)

Name: Patricia Gruber (Patient's wife)

Age: 73 years old

Dress code: Casual wear

Your husband, Charlie, has been admitted (last night) into hospital with a fall and urinary incontinence. This is secondary to an underlying infection which he is being treated for with IV antibiotics. You are going to visit your husband on Ward 17. You did not bring in any of your husband's medicines with you because the hospital lost them all on a previous admission, but you gave the repeat prescription slip to the nurse and told him the exact times the PD meds need to be given.

Background:

You are generally fit and healthy. You live with your husband and you are his main carer. Your husband has severe Parkinson's disease which is well controlled with medication. You are an expert in your husband's medication and always make sure he has all his medication at the right time every day. You worry a lot about your husband. You care for him a lot and get scared/upset when his condition gets worse. However, you always try to remain positive and upbeat.

Scenario:

YOU ENTER THE SCENARIO WHEN YOU HEAR YOUR HUSBAND TELLING THE PTPT THAT YOU CONTROL HIS MEDICATION.

IF YOU DO NOT HEAR THIS, ENTER THE SCENARIO WHEN THE PTPT IS ABOUT TO LEAVE THE HOSPITAL BAY.

When you enter – Immediately announce yourself and explain who you are to the pharmacy staff member and go in to hug your husband. You notice that your husband is more stiff and has more tremor than normal.

You ask if Charlie's PD medicines were given to him correctly, and when you learn that they weren't, you become very angry because you feel you stressed the importance of this to the staff last night.

Information to be given to the pharmacy staff member if asked:

- Charlie does not have any allergies.
- Charlie does not smoke or drink alcohol.
- I help Charlie with all his medication.
- Charlie's regular medication: Co-careldopa 25/100 – One tablet six times a day.

Co-careldopa 50/200 modified release – Two tablets at night.

Levothyroxine 100 micrograms tablet – One in the morning

Levothyroxine 25 micrograms tablet – One in the morning

Paracetamol 1g – four times a day if in pain

If prompted for specific times: *Only provide this information if specifically asked.*

Co-careldopa 25/100 – One tablet six times a day. **06:00,09:00,12:00,15:00,18:00,21:00**

Co-careldopa 50/200 modified release – Two tablets at night. **22:00**

Levothyroxine 100 micrograms tablet – One in the morning **06:00**

Levothyroxine 25 micrograms tablet – One in the morning **06:00**

Paracetamol 1g – four times a day if in pain

- You have a two-week supply of all his medication at home.

Scenario 2 – Embedded Participant Briefing (Ward Doctor)

Role/Title: Ward doctor

Dress code: Professional clothing

You are one of the ward doctors. Mr Gruber is one of your patients who has been admitted to the ward with a fall and urinary incontinence secondary to a urine/chest infection. You have prescribed all his medication onto his drug chart. You are currently sitting at the Nursing station on another ward reviewing patients notes and can be contacted via phone.

Background: You are an experienced doctor. You are generally helpful and competent in what is asked of you clinically.

Scenario: If the TP contacts you to make any changes to the drug chart. You agree and say you will make all the changes suggested.

Scenario 2 – Patient Role Briefing

Name: Charlie Gruber

D.O.B: 11/03/1940

Dress code: Hospital dressing gown

You are an 81-year-old gentleman called Charlie Gruber. You have been admitted into hospital with a fall and urinary incontinence. This is secondary to an underlying infection which is being treated with IV antibiotics. You are currently laying in a hospital bed on Ward 17. A member of the Pharmacy team wants to talk to you about your medication.

Background:

You have an irregularity with your thyroid hormones and severe Parkinson's disease. These conditions are all well controlled with medication. You live with your wife who is your main carer and manages your medication. You do not drink or smoke. You are quite forgetful and get confused a lot of the time.

Scenario:

Behaviour: Show slight confusion, stiffness and a typical Parkinsonian tremor in your hand. When asked, say you're not sure if you were given any of your tablets this morning.

Information to be given if the Pharmacy staff member asks:

You do not have any allergies.

You do not drink alcohol or smoke.

Regular medication: You are unable to recall all the medication you take. If prompted with names – You say you do not know the names but you take some for Parkinson's.

If asked about who manages your medication: Your wife gives you your medication and she is coming in any minute now.

Scenario 3 – Controlled Drug

Course Title	Pharmacy Foundation Simulation
Scenario	Controlled Drug
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 1 Actor (Patient) <i>Depending on experience of facilitator this scenario can be run with only 1 faculty member. The facilitator can be the patient.</i>
Scenario Participants:	1 x Trainee Pharmacist or Preregistration trainee pharmacy technician

Details outlined in **bold red** are to be modified depending if the faculty actor is male or female to maintain a high level of fidelity.

Patients Name	Mrs Caroline Walker/Mr Carl Walker	NHS Number	1456953427
Patients D.O.B	09/02/1967	Hospital Number	LG187546
Main Clinical Problem	Patient is self-administering an unknown substance on the ward, need to investigate.	Potential Human Factor Skills	1. Communication 2. Care 3. Situational awareness 4. Decision making
Learning Goal	1) Apply principles of safe Controlled Drug storage 2) Communicate in an awkward situation. 3) Problem solve and identify methods to encourage the patient to relinquish the controlled medication.		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient Faculty Embedded Participant: n/a		
Pre-Briefing	<p><u>Pre-brief to learners:</u> It is a Wednesday afternoon on Ward 22. Ms/Mr Walker is a 54 -year-old female/male, who has been admitted with a fall, resulting in a hip fracture and consequently undergone total hip arthroplasty. Sister Karin (Ms/Mr Walker's nurse) is concerned that Ms/Mr Walker has a box of medication hidden under the bed covers, Ms Walker administers one capsule from the box every four hours. The PTPT/TP must confirm Ms Walkers drug history and investigate Sister Karin's concerns.</p> <p><u>Pre-brief for PTPT/TP:</u> It is a Wednesday afternoon on Ward 22. Sister Karin has approached you as she is concerned about one of her patients, Ms/Mr Walker. Ms/Mr Walker is a 54 -year-old female/male, who has been admitted with a fall, resulting in a hip fracture and consequently undergone total hip arthroplasty. Sister Karin explained that Ms/Mr Walker has a box of medication hidden under her bed covers and she administers one capsule every four hours from this box. Please confirm the patients drug history and investigate Sister Karin's concerns.</p>		
Kit preparation	Patient's Own Drug: - Tramadol 50mg capsules, Label: Take ONE capsule every FOUR hours. Notepad (For documentation of drug history by practitioner) Hospital dressing gown and blanket for the patient Practitioner Resources (Medical Clerking Notes) Practitioner Resources (Drug Chart) Practitioner Resources (Summary Care Record)		
Environment	Ward environment: <ul style="list-style-type: none"> • Bed • Adjustable bed table 		

	<ul style="list-style-type: none"> • Patient bedside cabinet with POD locker • Bedside Chair • Patients own drug in patients' hand under bed cover <p>Can have scattered patient belongings such as a bag, a book or magazine on the table.</p>
<p>Notes to faculty</p>	<p>(End point) Scenario ends when: The PTPT or TP has finished talking to the patient and ends the conversation Or The patient gets angry with the PTPT or TP and tells them to leave the bay.</p> <p>Clinical learning points: Controlled drug requirements within a hospital setting, risk of controlled drugs (opiate) overdose, self-administration processes.</p>
<p>References/ guidelines/ pre-reading / web links</p>	<p>Medicines, Ethics and Practice (MEP) guide Local/Trust Medicines Policy</p>

Scenario 3 – Practitioner Briefing (PTPT & TP)

Pre-brief for PTPT/TP:

It is a Wednesday afternoon on Ward 22. Sister Karin has approached you as she is concerned about one of her patients, **Ms/Mr** Walker. **Ms/Mr** Walker is a 54 -year-old **female/male**, who has been admitted with a fall, resulting in a hip fracture and consequently undergone total hip arthroplasty. Sister Karin explained that **Ms/Mr** Walker has a box of medication hidden under her bed covers and she administers one capsule every four hours from this box. Please confirm the patients drug history and investigate Sister Karin's concerns.

Scenario 3 – Practitioner Resources (Medical Clerking Notes)

Medical Clerking

Caroline/Carl Walker (**female/male**) **DOB:** 09/02/1967 **NHS No:** 1456953427 **Hosp. No:** LG187546

PC: Fall, hip pain

HPC: Patient BIBA – Slipped whilst walking to supermarket and fell on concrete paving

PMH: Osteoarthritis, Hypertension

SH: Lives by themselves, independent with ADLs

DHx: Ramipril 5mg OD

Paracetamol 1g QDS PRN

Ibuprofen 400mg TDS PRN

Allergies: NKDA

Observations & Measurements:

T: 37.4 ° C **RR:** 15 **BP:** 135/90 **SpO2:** 99% **Weight:** 66kg

Investigations:

Hip X-ray: #NOF

Plan:

Total hip arthroplasty

Pain relief

Scenario 3 – Practitioner Resources (Drug Chart)

Name: **Caroline/Carl** Walker D.O.B. 09/02/1967 NHS No: 1456953427 Hosp. No: LG187546

Regular Medication

DRUG (APPROVED NAME)						Dose	Route	Additional Information	Date →	
ENOXAPARIN						40mg	SC		0600	
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX	Valid Period		DHx N	Pharmacy XXX	PODH Y (N)		0800		
MORPHINE SULPHATE M/R						10mg	PO		1200	
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX	Valid Period		DHx N	Pharmacy XXX	PODH Y (N)		1400		
PARACETAMOL						1g	PO		1800	(20:00)
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX	Valid Period		DHx ✓	Pharmacy XXX	PODH Y (N)		2200		
RAMIPRIL						5mg	PO		0600	
Date DD/MM/YYYY	Prescriber's Signature (& bleep No.) XXX	Valid Period		DHx ✓	Pharmacy XXX	PODH Y (N)		0800		
									1200	
									1400	
									1800	
									2200	

As Required Medication

DRUG (APPROVED NAME) MORPHINE SULPHATE (10mg/5ml)			Date																
Dose 5mg	Maximum frequency QDS	Route PO	Time																
Start Date DD/MM/YYYY	Signature & Bleep no. XXX	Pharmacy XXX	Dose/Route																
Other instructions Oramorph	DHx N	PODH N	Given																
DRUG (APPROVED NAME) CYCLIZINE			Date																
Dose 50mg	Maximum frequency TDS	Route PO	Time																
Start Date DD/MM/YYYY	Signature & Bleep no. XXX	Pharmacy XXX	Dose/Route																
Other instructions	DHx N	PODH N	Given																

Scenario 3 – Practitioner Resources (Summary Care Record)

Summary Care Record

Caroline/Carl Walker **DOB:** 09/02/1967 **NHS No:** 1456953427 **Hosp. No:** LG187546

Ramipril 5mg Tablets ONE TABLET ONCE A DAY

Tramadol 50mg Capsules ONE CAPSULE EVERY FOUR HOURS

Paracetamol 500mg Tablets TWO TABLETS EVERY FOUR TO SIX HOURS WHEN REQUIRED

Ibuprofen 400mg Tablets ONE TABLET EVERY EIGHT HOURS WHEN REQUIRED

Assume these medications have all been issued within the last month

Scenario 3 – Patient Role Briefing

Character Profile:

Name: **Caroline/Carl** Walker (Patient)

DOB: 09/02/1967

Dress code: Hospital dressing gown

You are a 54-year-old called **Caroline/Carl** Walker. You have been admitted to hospital with a fall, resulting in a hip fracture and had hip replacement surgery. You are currently laying in a hospital bed on Ward 22. You have a box of Tramadol 50mg Capsules under your bed covers. You brought this medication from home and take one capsule every four hours when the nurses aren't looking. A member of the Pharmacy team wants to talk to you about your medication.

Background:

You have high blood pressure and chronic back pain. Your blood pressure is controlled by one tablet, Ramipril which you take every day. You have suffered with chronic back pain for a number of years and sometimes it can be quite painful. You alternate between Paracetamol and Ibuprofen at home to relieve the pain. In the last year the GP has prescribed you Tramadol. You find the Tramadol very beneficial and relieves your back pain.

You were admitted into hospital 6 months ago [adjust timeframe as needed] with Covid-19, you were only in hospital for three days and made a full recovery. However, during your inpatient stay you were never given Tramadol which you were regularly taking at home. The ward team also lost the medication that you had brought in from home. Both incidents made you very angry.

The Covid-19 pandemic has made you quite anxious as you live by yourself and due to several lockdowns, you are unable to socialise.

You are self-employed working as an events and wedding photographer. You pay for your prescriptions.

Scenario:

Information to be given if the pharmacy staff member asks:

You do not have any allergies.

You do not attend any specialist clinics.

You do not smoke. You drink one glass of wine every night.

Regular medication:

You are forthcoming about:

- Paracetamol 1g four times a day when needed for your back pain
- Ibuprofen 400mg three times a day when needed for your back pain
- Ramipril 5mg once a day for your blood pressure

If asked/prompted about any other medication:

- Behaviour: Anxious, cagey
- Action: Lift Tramadol box from under the covers and hold to your chest
- Response: I take this for my leg pain
- If prompted again: 1 x 50mg capsule every 4 hours

If asked to hand over Tramadol box:

- Refuse
- Behaviour: Anxious, getting slightly angry
- Action: Puts box back under bed covers

If asked why you don't want to hand over the box:

- Behaviour: Angry
- Speak about previous hospital experience. During your inpatient stay you were never given Tramadol which you were regularly taking at home. The ward team also lost the medication that you had brought in from home.

If asked to hand over Tramadol box again:

- Behaviour: Very angry
- Shout at the pharmacy staff member and tell them to leave you alone and leave the ward bay.

Never give the Pharmacy staff member the box of Tramadol.

Scenario 4 – Asthma Inhaler Error & Counselling

Course Title	Pharmacy Foundation Simulation
Scenario	Asthma Inhaler Error & Counselling
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 3 Actor (Patient) <i>Depending on experience of facilitator this scenario can be run with only 3 faculty member. The Facilitator can take on any of the embedded participant roles.</i>
Scenario Participants:	1 x Trainee Pharmacist or Preregistration trainee pharmacy technician

Details outlined in **bold red** are to be modified depending if the faculty actor is male or female to maintain a high level of fidelity.

Patients Name	Mrs Lauren Jenkins / Mr Laurie Jenkins	NHS Number	400 300 2000
Patients D.O.B	16/11/1984	Hospital Number	AZ009
Main Clinical Problem	Asthma patient. The medical team are changing therapy to a Fostair pMDI + spacer as she did not tolerate the nexthaler. Patient has compliance issues and concerns about the new choice of therapy.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Communication 2. Situational awareness 3. Team work 4. Decision making
Learning Goal	<ol style="list-style-type: none"> 1) To recognise a dispensing/checking error and get it amended appropriately. 2) To apply the MRCF in the context of asthma. 3) To evaluate medicines adherence. 4) To formulate an individualised approach to supporting adherence. 5) To identify personal biases and challenges to effective patient communication. 6) To develop the skill of negotiating a shared agenda 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient Faculty Embedded Participant: 1x supervising locum dispensary pharmacist, 1 pharmacy assistant		
Pre-Briefing	<p><u>Pre-brief to learners:</u> It is an outpatient pharmacy dispensary during a quiet period towards the end of the day. The practitioner is the pharmacist/technician at the hatch seeing to the patient who has come to pick up their new Fostair pMDI prescription. The patient has used a similar inhaler in the past which has now been switched as the patient complained to her doctor about the device having had difficulties tolerating the medication, this has also formed the basis for their compliance and adherence issues. Consequently, they have various questions about the new inhaler they are receiving and would like a better explanation of the difference. There are two members of staff present currently in the dispensary a locum acting as the supervising pharmacist and a pharmacy assistant.</p> <p><u>Pre-brief for PTPT/TP:</u> You are a junior pharmacist/technician working in an outpatient dispensary with a senior pharmacist and a pharmacy assistant during a quieter period in the day. A patient has come to the hatch to collect a prescription they left earlier that day for their new inhaler following their review in the Asthma Clinic. The inhaler is on the checking bench ready to hand out.</p> <p><i>For this simulation scenario you will be required to attend to the patient at the hatch, counsel them on their new inhaler and attend to any questions or concerns they may have. The senior pharmacist in the dispensary alongside you can offer any assistance should you require it. You may utilise any props you see fit.</i></p>		

Kit preparation	<p>'Hospital Outpatient Prescription'</p> <p>Fostair NEXThaler 100/6 2 puffs BD and spacer (This inhaler is incorrectly dispensed and in the patient's prescription bag at the beginning of the simulation).</p> <p>Fostair Evohaler 100/6 2 puffs BD (Correct inhaler to be added to the bag once the error is highlighted to the pharmacy assistant)</p> <p>Patient Information Leaflet</p>
Environment	<p>Quiet outpatient pharmacy dispensary hatch.</p> <p>A bench for dispensing.</p>
Notes to faculty	<p>(End point)</p> <p>Scenario ends after patient understanding is clarified- through asking patient to repeat instructions on how to use the inhaler or when patient is asked and answers if they have further questions.</p> <p><i>"This scenario is designed to replicate a patient consultation in an outpatient pharmacy hatch setting familiar to practitioners. It is designed to test practitioners' awareness of the various inhaler devices available, prompting thoughts on suitability for patients to ensure adherence. Additionally, this scenario aims to build patient consultation skills, allowing for negotiation of shared agendas and helping to provide practical solutions to patient issues. Practitioners need to recognise that a dispensing error has been made and get this resolved appropriately prior to the patient consultation"</i></p> <p>Clinical learning points: Inhaler technique, steroid inhaler counselling rinsing mouth, spacer use and cleaning. Recognising and raising an error with a colleague.</p>
References/ guidelines/ pre-reading / web links	<p>British Guideline on the Management of Asthma: https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/</p> <p>BNF- Asthma, Chronic: https://bnf.nice.org.uk/treatment-summary/asthma-chronic.html</p> <p>eMC: https://www.medicines.org.uk/emc/product/6318/smpc</p>

Scenario 4 – Practitioner Briefing

You are a junior pharmacist/technician working in an outpatient dispensary with a senior pharmacist and a pharmacy assistant during a quieter period in the day.

A patient has come to the hatch to collect a prescription they left earlier that day for their new inhaler following their review in the Asthma Clinic.

The inhaler is on the checking bench with the pharmacy assistant ready to hand out.

For this simulation scenario you will be required to attend to the patient at the hatch, counsel them on their new inhaler and attend to any questions or concerns they may have. The senior pharmacist in the dispensary alongside you can offer any assistance should you require it. You may utilise any props you see fit.

Scenario 4 – Hospital Outpatient Prescription

HOSPITAL NUMBER: *AZ009*

FIRST NAME: *Lauren/Laurie*

SURNAME: *Jenkins*

DOB: *16/11/1984*

NHS number: *400 300 2000*

Fostair MDI 100/6 2 puffs BD

Supply 1 inhaler

Adult Aerochamber without mask

Supply 1 device

Prescriber name: *Andrew Sloane*

GMC no: 00456

Signature: *A. Sloane:*

Date: *Todays Date*

Screened: **HD**

Labelled: **RL**

Dispensed: **EY**

Checked: **HD**

Scenario 4 – Embedded Participant Briefing (Supervising Dispensary Pharmacist)

Role/Title: Locum Dispensary Pharmacist

Dress code: Professional clothing

You are sitting in the dispensary working. You have checked a prescription for **Lauren/Laurie** Jenkins for a Fostair inhaler and spacer earlier in the day.

Background: You are an experienced pharmacist. You are generally helpful and competent in what is asked of you clinically.

Scenario: If the practitioner contacts before speaking to the patient and confirming the drug history, tell them that the patient had Fostair Nexhaler before and ask them to “just hand it out, but do check if you want.” If the practitioner contacts you having confirmed the drug history, then acknowledge the mistake and ask them to change it but also say, “I’ll change it but please don’t say anything...” then wait about 1 minute to provide the correct item.

Scenario 4 – Embedded Participant Briefing (Pharmacy Assistant)

Role/Title: Pharmacy Assistant

Dress code: Professional clothing

You are a pharmacy assistant dispensing in the outpatient pharmacy. You have dispensed a prescription for **Lauren/Laurie** Jenkins for a Fostair inhaler and spacer.

Background: You are quite new to dispensing. You are generally helpful.

Scenario: If the practitioner contacts you to re-dispense the prescription correctly. You agree and say you will. Ask them to leave it with you and dispense the correct item and hand it to the practitioner. Wait about 1 to 2 minutes before handing the re-dispensed item over to the practitioner.

Make sure you have the correct item Fostair Evohaler 100/6 with a label for 2 puffs BD ready to change the prescription when/if asked to do so

Scenario 4 – Patient Role Briefing

Character Profile:

Lauren/Laurie Jenkins (Patient)

DOB: 09/02/1967

Dress code: Own clothes

Situation: Scenario is based in an outpatient pharmacy dispensary during a quiet period towards the end of the day. The practitioner is the pharmacist/technician at the hatch seeing you the patient who has come to pick up your new Fostair pMDI and spacer prescription.

You are expecting a new inhaler as you have complained to your doctor about the device having had difficulties tolerating the medication (you felt this gritty powder hitting the back of your throat which made you cough), this has also formed the basis for your compliance and adherence issues. Consequently, you have various questions about the new inhaler you are receiving and would like better explanation of the difference.

Background:

- **Past medical history:** uncontrolled asthma, hypertension, chronic rhinitis and eczema
- **Drug history:** easy-breathe Salbutamol 100mcg MDI PRN, Fostair NEXThaler 100/6 2 puffs BD, ramipril 10mg OM, Flixonase nasules 6 drops in BN OD, fexofenadine 180mg OD
- **Allergies:** penicillin
- **Social history:** School teacher, lives with partner, and 2 children, active busy lifestyle- early starts and busy weekends. Non-smoker, enjoys 2 glasses of wine over the weekend

Scenario:

Present yourself to the pharmacy hatch and ask to collect your prescription which you dropped off earlier. Provide your name and if asked your date of birth.

The practitioner at the hatch should go and get your prescription (they may or may not rectify the issue before they come to the hatch if they recognise the wrong inhaler has been dispensed). If they ask would you like to go through the medication say yes as you have had the medication before but think it is a different inhaler to what you are used to.

Other things to raise or ask if not told:

You have never used a spacer before so ask how this is used.

Ask do you have to clean the spacer?

If the candidate hands you the bag with your items in without going through the medications, then say thank you and walk away a few steps open the bag and take out the inhaler. Return to the pharmacy hatch and say, "I think there has been a mistake as this is the same inhaler I had previously, and I was expecting a different one". The practitioner should then go and get the prescription amended and return to counsel you.

Scenario 5 – Confidentiality

Course Title	Pharmacy Foundation Simulation
Scenario	Confidentiality
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 3 Actor (Patient) <i>Depending on experience of facilitator this scenario can be run with only 3 faculty member. The Facilitator can take on any of the embedded participant roles.</i>
Scenario Participants:	1 x Trainee Pharmacist or Preregistration trainee pharmacy technician

Patients Name	Henna Akhtar [or adjust to suit ethnicity of actors]	NHS Number	1356853456
Patients D.O.B	18/03/20XX (Adjust D.O.B so they are 16)	Hospital Number	LG109556
Main Clinical Problem	Miss Akhtar is a 16-year-old patient who has been admitted with shortness of breath due to asthma. Miss Akhtar is residing in the inpatient children's ward and her father is currently visiting her. Miss Akhtar requires a drug history to be taken.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Situational awareness 2. Communication 3. Decision making 4. Care 5. Teamwork
Learning Goal	<ol style="list-style-type: none"> 1) Reflect on their environment and take steps to maintain the person's privacy and confidentiality. <ul style="list-style-type: none"> - Respect and observe confidentiality 2) To undertake and obtain an accurate drug history <ul style="list-style-type: none"> - Elicit all relevant information using appropriate questions - Behave in a manner which instils confidence 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient Faculty Embedded Participant: 1x father, 1 x Embedded participant (Nurse)		
Pre-Briefing	<p><u>Pre-brief to learners:</u> A simulation scenario is designed to be an artificial representation of a real-world event. This simulation scenario is designed to evaluate communication skills. It is a busy Monday morning on the Children's inpatient ward. Miss Henna Akhtar is a 17-year-old female, who has been admitted with shortness of breath due to asthma. Ismail Akhtar (Henna's father) is currently sitting with her at the bedside. A ward sister is present tending to other patients. The PTPT/TP must complete and record the drug history for her.</p> <p><u>Pre-brief for PTPT/TP:</u> It is a busy Monday on the Children's inpatient ward. You have already completed two drug histories. It is 10:30 am and you have one more drug history to complete. Miss Henna Akhtar is a 17-year-old female, who has been admitted with shortness of breath due to asthma. Ismail Akhtar (Henna's father) is currently sitting with her at the bedside. A ward sister is present tending to other patients. Please complete and record the drug history for Miss Henna Akhtar.</p>		
Kit preparation	Rucksack Patient's Own drugs: <ul style="list-style-type: none"> - Salbutamol inhaler with label - Vitamin D tablets (OTC) - Omega 3 capsules (OTC) - Microgynon 30 tablets with label Nursing Uniform Hijab and hospital dressing gown for the patient		

Environment	<p>Ward environment:</p> <ul style="list-style-type: none"> • Bed • Adjustable bed table • Patient bedside cabinet with POD locker • Bedside Chair • Patients own drugs inside patient’s rucksack. Rucksack is sitting on hospital bed table
Notes to faculty	<p>(End point) Scenario ends when: The PTPT or TP has finished taking the drug history and ends the conversation Or Sister Karen takes the father away from the bay to drink some water.</p> <p>Clinical learning points: Importance of reading the situation, appropriateness of when to undertake a task.</p>
References/ guidelines/ pre-reading / web links	<p>Confidentiality. BMJ. 2008 Apr 19; 336(7649): 888–891. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2323098/ Medicines, Ethics and Practice guide</p>

Scenario 5 – Practitioner Briefing

It is a busy Monday on the Children’s inpatient ward. You have already completed two drug histories. It is 10:30 am and you have one more drug history to complete.

Miss Henna Akhtar is a 16-year-old female, who has been admitted with shortness of breath due to asthma. Ismail Akhtar (Henna’s father) is currently sitting with her at the bedside. A ward sister (Sister Karen) is present tending to other patients.

Please complete and record the drug history for Miss Henna Akhtar.

Scenario 5 – Practitioner Resources (Medical Clerking Notes & Blood Results)

Medical Clerking

Henna Akhtar (Female) **DOB:** 18/03/20XX **NHS No:** 1356853456 **Hosp. No:** LG109556

PC: Recurrent episodes of SOB

HPC: Patient BIBA – 3 week history of SOB, whilst playing Netball at school – severe SOB

Denies any chest pain, dysuria, diarrhoea, vomiting

SH: Lives at home with both parents and older brother

Allergies: NKDA

Observations & Measurements:

T: 37.5°C (Oral) **RR:** 21 **BP:** 117/79 **SpO2:** 98% **Weight:** 52kg

Wheeze, shallow breathing, tachypneic PEFr: 51%

Plan:

CXR

Salbutamol nebs

Add ?Steroid inhaler

Blood results – Results are from today

WBC – 7.2

Hb – 135

Plt - 295

Neut - 5

Lymp - 2

Na - 134

K - 4.3

Cl - 103

Cr - 75

CRP – Less than 1

Scenario 5 – Practitioner Resources (Summary Care Record)

Summary Care Record

Henna Akhtar (Female) **DOB: 18/03/20XX** **NHS No:** 1356853456 **Hosp. No:** LG109556

Salbutamol 100 micrograms/dose T-TT puffs QDS PRN

Assume these medications have all been issued within the last month

Scenario 5 – Embedded Participant Briefing (Ward Sister)

Character profile:

Nurse: Sister Karen

Dress code: Nursing uniform

You are an experienced paediatric nurse working on the Children's inpatient ward. You are taking observations for a patient in the same bay as Henna Akhtar.

Background:

You have met Ismail Akhtar before when he first came in to visit his daughter. You have a good rapport with him.

Scenario:

You should only go to Henna Akhtar's bedside if you hear Henna and her father arguing. You will break up the argument and take the father to get some water. The scenario will end here.

Alternative: You are busy elsewhere on the ward and will only go to Henna's bedside if the practitioner calls for your assistance.

Scenario 5 – Embedded Participant Briefing (Patients Father)

Character Profile:

Name: Ismail Akhtar (Father of patient: Henna Akhtar)

Dress code: Own clothes

You are Ismail Akhtar, father to Henna Akhtar. Henna has been admitted to hospital with shortness of breath due to asthma. You are currently sitting by her bedside waiting for a member of the pharmacy team to complete your daughters drug history.

Background:

You are a 49-year-old devoutly religious man with conservative and traditional values. You have a wife and two children. You are very proud of your family.

You believe your daughter is very intelligent and innocent. Like your marriage, you want your daughter to marry someone within your own culture/race and religion, and only after she has completed her studies. You do not want her to be distracted by dating and boyfriends in her teens. .

You believe that sex before marriage is a sin. Your sister fell pregnant with a man from a different culture and religious background and she was disowned by the family.

You cannot bear the idea of your daughter being sexually active before marriage and would consider it a shameful thing for your family..

You have a good rapport with Sister Karen (the nurse looking after your daughter).

Scenario:

When the Pharmacy staff member asks your daughter questions, you try to dominate the conversation and answer the questions.

Information to be given when the pharmacy staff member asks questions about your daughter:

She is not allergic to any medication. She does not smoke/drink, this is against our religion. Her regular medication includes Salbutamol inhaler and everyone in the family takes Omega 3 capsules, Vitamin D tablets as they are good for you (bought as OTCs). No herbal remedies.

If asked to leave the bay at any point during the conversation:

- Behaviour: Angry and confused
- Refuse. 'Why?', 'Why can't I be present??', 'I am her father!!'
- Only agree to leave if they asked by the ward sister/charge nurse

You are unaware your daughter takes the Contraceptive pill. If you find out your daughter is taking the contraceptive pill:

- Behaviour: Disbelief. Outraged, disappointed, upset
- You will turn to your daughter and start shouting at her. 'How could you betray the family?', 'Why would you bring shame on the family?', 'You have lied', 'I can't even look at you', 'Do you want to end up like your aunt?'

Scenario 5 – Patient Role Briefing

Character profile:

Name: Henna Akhtar

Age: 16 years old (D.O.B **18/03/20XX**)

Dress code: Hijab [optional] and hospital dressing gown

You are a 16 year old girl called Henna Akhtar. You have been admitted to hospital with shortness of breath due to your asthma. You are currently lying on the hospital bed waiting for a member of the pharmacy team to complete your drug history. Your father is also present at the bedside. You have all your regular medication in your personal bag.

Background:

You live with your parents and brother at home. You have been raised within a devoutly religious home. Your upbringing has been very restricted which you struggle with.

You have a secret boyfriend called Miles, he is from a different culture and ethnicity, your parents do not know about him. Your parents would never approve of you having a boyfriend at this age and would never approve of a boyfriend from a different faith/background. You often have conversations with your parents about the future; they tell you that once you are 21 years old you will have an arranged marriage with a family friend.

You met Miles at school and have been in a relationship with Miles for one year. You have been sexually active for 6 months. You get the contraceptive pill from a sexual health clinic.

If your parents found out about the contraceptive pill, they would be very angry and disappointed. You are very worried they will disown you if they ever found out.

Scenario:

Information to be given if the Pharmacy staff member asks for it:

- You are not allergic to any medication. You do not smoke/drink. You do not take any herbal remedies.

<p>Regular medication (<u>with</u> father present):</p> <p>Behaviour: Quiet, hesitant</p> <p>Answer: Salbutamol inhaler, Omega 3 capsules and Vitamin D tablets</p> <p>If prompted for more detail:</p> <ul style="list-style-type: none"> - Salbutamol inhaler one or two puffs four times a day when required. Recently you have been using the maximum dose. - Omega 3 one capsule once a day 	<p>Regular medication (<u>without</u> father present):</p> <p>Behaviour: Confident</p> <p>Answer: Salbutamol inhaler, Omega 3 capsules, Vitamin D tablets and a contraceptive pill</p> <p>If prompted for more detail:</p> <ul style="list-style-type: none"> - Salbutamol inhaler one or two puffs four times a day when required. Recently you have been using the maximum dose. - Omega 3 one capsule once a day
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<p>- Vitamin D tablets once a day You can't remember the doses of the Omega 3 capsules or the Vitamin D, so you offer your bag to the practitioner to check</p>	<p>- Vitamin D tablets once a day - Microgynon 30 one tablet once a day for 21 days then 7 day break then continue in this pattern</p> <p>If asked where you get the contraceptive pill: - Sexual health clinic in Bexleyheath</p>
<p>A supply of your regular medication (<u>with</u> father present):</p> <p>The rucksack is on the bedside table – and can be given to the pharmacy member. You don't realise the Microgynon tablets are in there so you offer the practitioner to look open the rucksack and direct them to the bag containing your inhaler and vitamins to check.</p>	<p>A supply of your regular medication (<u>without</u> father present):</p> <p>The bag is on the bedside table – and can be given to the pharmacy member</p>
<p>If the pharmacy member takes the contraceptive pill out of the bag and asks about it (<u>with</u> father present):</p> <p>Behaviour: Horrified, scared and you sit still</p> <p>You are too scared to say anything</p>	<p>If the pharmacy member takes the contraceptive pill out of the bag and asks about it (<u>without</u> father present):</p> <p>You answer all questions as above</p>

If your father starts shouting at you about contraceptive pill:

Behaviour: Very upset/afraid/distraught

You have had enough of your restrictive parents, your upbringing and how you have been suppressed. Any other questions: Please use the background information as a guide on how to answer.

Scenario 6 – Lithium

Course Title	Pharmacy Foundation Simulation
Scenario	Lithium
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 1 Actor (Patient) <i>Depending on experience of facilitator this scenario can be run with only 1 faculty member. The Facilitator can take on the role of the patient.</i>
Scenario Participants:	1 x Trainee Pharmacist or Preregistration trainee pharmacy technician

Patients Name	Lily Jones [adapt scenario accordingly if actor is male]	NHS Number	444 123 4444
Patients D.O.B	01/11/1986	Hospital Number	11-00-21
Main Clinical Problem	Mrs Lily Jones is a patient who has been admitted to hospital with a suspected manic episode. She has responded well to olanzapine and the MDT have agreed to start her on lithium. She remains manic and needs counselling on lithium.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Communication 2. Care 3. Decision making 4. Situational awareness
Learning Goal	<ol style="list-style-type: none"> 1) Apply the MRCF in the context of bipolar affective disorder 2) To develop communication skills with challenging patients 3) Identify personal biases and challenges to effective patient communication 4) Evaluate medicines adherence 5) Formulate an individualised approach to supporting adherence 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient		
Pre-Briefing	<u>Pre-brief to learners:</u> It's a Wednesday afternoon, in a mental health hospital. There is a manic patient with a new diagnosis of bipolar disorder that is about to be started on lithium. The ward pharmacist/pharmacy technician has been asked to counsel this patient on lithium. <u>Pre-brief for PTPT/TP:</u> You are the ward pharmacist for a female acute psychiatric ward. A patient with a diagnosis of bipolar disorder is being started on lithium and the medical team have asked you to counsel her prior to initiating treatment. It's a Wednesday afternoon and you are about to go counsel this patient in a quiet side room on the ward. The patient is manic and is difficult to engage at times throughout the consultation.		
Kit preparation	2 x chair Table for pharmacist to have props on and write notes if they want. Purple book PIL – lithium (priadel) Practitioner Resources (Medical Clerking Notes) For Actor: Brightly coloured clothing (scarf/hat?)		
Environment	Mental health hospital, on a ward in a quiet side room. Chairs facing each other.		

	<ul style="list-style-type: none"> Side table for pharmacist. Patients own drugs inside patient's rucksack. Rucksack is sitting on hospital bed table
Notes to faculty	<p>(End point) Scenario ends when: The pharmacist/Technician has finished counselling the patient on lithium and has answered any questions the patient has.</p> <p>This scenario is designed to replicate a patient consultation with a manic patient on an acute female psychiatric ward. It is designed to test the pharmacist's awareness on lithium, its indication, necessary monitoring and blood tests, as well as the importance of the patient adhering to the prescribed regime, monitoring for side effects and the difference between common side effects and serious side effects that need urgent medical attention. Additionally, the scenario is designed to challenge the pharmacist to communicate effectively with a manic patient, remaining focused and covering the important key points regarding lithium counselling, whilst potentially being distracted by the patient, who has flight of ideas, pressured speech and difficult to interrupt at times.</p> <p>Lithium:</p> <ul style="list-style-type: none"> Lithium is effective for the treatment of mania at a plasma 0.8-1mmol/L. Olanzapine started for faster action initially. Maintenance level aim of plasma level 0.6-0.8mmol/L with aim of complete remission of both manic and depressive episodes. Lithium may be the best performing medicine for bipolar disorder in practice. <p>Monitoring</p> <ul style="list-style-type: none"> Explain the need for blood test Li levels, renal, thyroid functions and frequency Purple book <p>Side-effects</p> <ul style="list-style-type: none"> GI symptoms Metallic taste Polyuria Thirsty and dry mouth Oedema (swelling of ankles) Fine tremor Weight gain Thyroid dysfunction <p>Toxicity symptoms</p> <ul style="list-style-type: none"> Severe tremor Blurred eye sight Sickness and diarrhoea Jerkiness and twitching Drowsy Lost co-ordination Confusion <p>Pregnancy and contraception</p> <ul style="list-style-type: none"> Speak to doctor if you want to become pregnant Mention importance of contraception as lithium may affect the foetus
References/ guidelines/ pre-reading / web links	<p>BNF – Lithium https://bnf.nice.org.uk/drug/lithium-carbonate.html#indicationsAndDoses Patient information leaflet – lithium Purple book - lithium Maudsley Prescribing guidelines: Chapter 2 Bipolar disorder page 205.</p>

Scenario 6 – Practitioner Briefing

You are the ward pharmacist for a female acute ward. The MDT have asked you to counsel a patient on lithium which they hope to start tomorrow.

You are going to meet the patient – Mrs Lily Jones, D.O.B. 01/11/1986, who is waiting for you in a quiet room on the ward.

Scenario 6 – Practitioner Resources (Medical Clerking Notes)

Medical Clerking

Lily Jones (Female) **DOB:** 01/11/1986 **NHS No:** 444-123-4444 **Hosp. No:** 11-00-21

Admission clerking:

Presenting Complaint:

Section: 2

Admission date: (1 week ago)

Location: ward F27

Diagnosis: anxiety and depression, manic episode?

Admission to hospital due to poor sleep, poor appetite, erratic, chaotic behaviour for ~2weeks prior to admission.

School raised concerns to husband that she was acting bizarrely.

Husband brought her to the GP, who referred her to A+E as she presented as manic with delusional ideas and thought disorder.

In A+E, she was reviewed and assessed under the mental health act and admitted to hospital under Section 2.

Past psychiatric history:

Anxiety and depression (January 2019)

Started on Sertraline 50mg OM and this was increased to 100mg OM.

Presented to A+E and was seen by Psychiatry liaison in January 2019, she was felt to be suffering with anxiety and depression and was discharged back to GP. She has had no contact with mental health services since.

Past medical history:

None.

Family history:

Maternal aunt with depression.

Personal and Social history:

Lives with husband and two children, aged 5 and 9.

Prior to admission worked as a Teaching assistant at a Primary school.

Recently applied for a new job and got an interview. Nervous and stressed about the interview. Then could not stop thinking about how she'll cope with the new job and looking after her children, if she'll cope etc. She reported feeling increased pressure in her head.

No history of drug use.

Doesn't drink alcohol

Non-smoker.

Drug history:

Contraceptive pill OD

Sertraline 100mg OM

Allergies: NKDA

Impression: first episode of mania?

Plan:

1. Observation: general
2. Physical: outstanding
3. Bloods: outstanding, to be completed in the morning
4. Medication: sertraline held. PRN promethazine and lorazepam prescribed.

Since admission:

Sertraline stopped.

Started on Olanzapine 10mg ON on admission to manage manic symptoms. Symptoms have improved but still remains hypomanic.

Plan to start Lithium to manage manic symptoms long term.

Blood results came back yesterday, FBC, U+Es, LFTs, TFTs, all within range.

Current medication:

Olanzapine 15mg ON

Contraceptive pill OD

PRN: promethazine and lorazepam

Plan:

Start lithium tomorrow evening

Pharmacist to counsel patient on Lithium

Blood test for lithium level 5-7 days after starting lithium.

Scenario 6 – Patient Role Briefing

Name: Lily Jones

DOB: 01/11/1986

What to wear: Brightly coloured, clashing clothes, bright lipstick and eye shadow.

Background information:

You are a patient on a female acute psychiatric ward. You are waiting in a quiet room on the ward for the pharmacist/pharmacy technician to come and speak to you.

- **Past medical history:** Anxiety and depression (January 2019)
- **Psychiatry history:** Presented to A+E and was seen by Psychiatry liaison in January 2019, you were felt to be suffering with anxiety and depression and were discharged back to GP. You have had no contact with mental health services since.
- **Drug history:** Started on Sertraline 50mg OM and this was increased to 100mg OM, contraceptive pill OD
- **Allergies:** NKDA
- **Social history:** Live with husband and two children, aged 5 and 9. Prior to admission worked as a Teaching assistant at a Primary school. Recently applied for a new job and that has caused you some stress. Non-smoker, doesn't drink alcohol, never used illicit drug
- **Family history:** Maternal aunt suffered with depression.
- **Admission:** Admission to hospital due to poor sleep, poor appetite, erratic, chaotic behaviour for ~2weeks prior to admission. School raised concerns to husband that you was acting bizarrely. Presented with husband to GP who referred to A+E.
- **Your knowledge:** You are aware you have a new diagnosis of bipolar and have a vague understanding of what this is.
- **Current medication:** Olanzapine 15mg ON, Contraceptive pill OD

Behaviour:

- Pressured speech, very difficult to interrupt. Thought disordered, with flight of ideas. Elated mood. Intense eye contact at times.

Patient (Actor) prompts:

If the following are mentioned:	Response:
How are you?	Feel fantastic, full of life, lots of energy! Don't feel unwell at all, don't think you need to be in hospital but understand that doctors know best and if they think you need to be in hospital and are unwell, then that must be the case.
Over-the-counter medication	State you sometimes buy ibuprofen from the chemist for headaches.
Blood tests:	Interrupt and mention you had blood tests yesterday and you would like to know if you will need anymore. Ask if everything is okay?
Purple book:	Your favourite colour is purple, your bedroom is purple, the bed covers, the curtains etc. Elaborate on how much you love the colour.
Halfway through the consultation:	Stand up and look around, wander round the room.
Weight gain:	You don't want to gain weight, you are very concerned about this.
Exercise:	Start jogging on the spot.

Scenario 7 – Learning Disabilities

Course Title	Pharmacy Foundation Simulation
Scenario	Learning Disabilities
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 2 Actors (Patients father, Dispenser) <i>Depending on experience of facilitator this scenario can be run with only 2 faculty members. The Facilitator can take on the role of the Dispenser.</i>
Scenario Participants:	1 x Trainee Pharmacist

Patients Name	Sophie Harrison	NHS Number	6229535473
Patients D.O.B	01/03/20XX (Adjust D.O.B so they are 12)	Hospital Number	N/A
Main Clinical Problem	Mr Harrison is the parent/carer for his 12yr old daughter with profound and multiple learning disabilities. He has come to collect her medication from a community pharmacy. Mr Harrison is very tired and stressed and some of the medication labels are wrong. This error causes Mr Harrison to become quite angry and distressed by the situation.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Situational awareness 2. Care 3. Communication 4. Decision making
Learning Goal	<ol style="list-style-type: none"> 1) Identify human factors that influence communication and patient experience. 2) Acknowledge when a person is an expert, listen to them and try to understand their point of view. 3) Apply knowledge of critical medication to improve patient experience and offer appropriate knowledge 4) Recognise personal and professional limitations and act appropriately 5) Recognise the medication risks and problems associated with transfers of care 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 1x Patient's father Faculty Embedded Participant: 1x General Practitioner (in control room)		
Pre-Briefing	<u>Pre-brief to learners:</u> It is 11am on a Saturday morning in a Community Pharmacy. Mr Harrison, a 40yr old man comes in to collect his daughter's medication. The medication has been readily prepared, and the practitioner must hand out the medication and counsel appropriately if necessary and answer any queries from Mr Harrison. <u>Pre-brief for PTPT/TP:</u> It is 11am on a Saturday morning in a Community Pharmacy. Mr Harrison, a 40yr old man comes in to collect his daughter's medication. The medication is readily prepared, and you must hand out the medication and counsel appropriately if necessary and answer any queries from Mr Harrison.		
Kit preparation	Practitioner Resources FP10 prescription with all medications on (Lamotrigine take one 25mg tablets BD as directed) Physical medication with labels on according to hand out BNF		
Environment	Community pharmacy counter. Phone to contact control room.		
Notes to faculty	(End point) Scenario ends when: Mr Harrison leaves the community pharmacy Debrief Notes:		



	<p>Interaction with parent: Situational awareness Empathy, understanding the carers perspective Duty of care – towards both the patient and the carer Listen to the parent – they are the expert in the patient’s condition and management</p> <p>Questions: Don’t answer on the spot if you don’t know the answer Is ‘emergency supply’ the answer? How do you determine the balance of risks versus benefit with changing the lamotrigine dose based on the carer’s testimony? How would you mitigate the risks? How can you make a ‘clinical assessment’ of the safety of the dose the carer says the patient is on for the lamotrigine? How do you feel about ‘uncertainty’ and ‘clinical responsibility?’</p> <p>Resources What resources would you use to answer the questions? SPC, Medicines for Children</p> <table border="1" data-bbox="355 775 1497 1563"> <thead> <tr> <th>Medications</th> <th>Formulations available</th> <th>Counselling points</th> </tr> </thead> <tbody> <tr> <td>Carbamazepine</td> <td>Tablets MR tablets Oral suspension Suppositories</td> <td>Interactions ++ Levels (4-12mg/L) measured after 1-2 weeks Maintained on a specific manufacturer’s product Neurologist doses higher than BNF BNF 20mg/kg, Neurologist 30mg/kg</td> </tr> <tr> <td>Topiramate</td> <td>Tablets Sprinkles Oral solution</td> <td>Advised to perform pregnancy test before initiation of treatment – a highly effective contraception method is advised in women of child-bearing potential. Swallow whole or sprinkle contents of capsule on soft food and swallow immediately without chewing</td> </tr> <tr> <td>Levetiracetam</td> <td>Tablets Granules Oral solution Solution for infusion</td> <td>Brand – Keppra (does this matter?) Discuss branded medication and the importance. For administration of oral solution, manufacturer advises requisite dose may be diluted in a glass of water</td> </tr> <tr> <td>Omeprazole</td> <td>Capsules Dispersible tablets Oral suspension</td> <td>Tablets (Losec MUPS, Mezzopram) or capsules (Losec) containing enteric coated pellets can be dispersed in non-carbonated water or slightly acidic liquid (fruit juice or apple sauce, NOT milk or carbonated water). The dispersion should be stirred just before drinking and taken immediately, rinsed down with half a glass of water. Not chewed.</td> </tr> <tr> <td>Lactulose</td> <td>Oral solution</td> <td>Takes ~72hrs to have an effect.</td> </tr> <tr> <td>Lamotrigine</td> <td>Tablets Dispersible tablets</td> <td>Gradual titration: Stevens-Johnson syndrome</td> </tr> </tbody> </table> <p style="text-align: center;">○</p>	Medications	Formulations available	Counselling points	Carbamazepine	Tablets MR tablets Oral suspension Suppositories	Interactions ++ Levels (4-12mg/L) measured after 1-2 weeks Maintained on a specific manufacturer’s product Neurologist doses higher than BNF BNF 20mg/kg, Neurologist 30mg/kg	Topiramate	Tablets Sprinkles Oral solution	Advised to perform pregnancy test before initiation of treatment – a highly effective contraception method is advised in women of child-bearing potential. Swallow whole or sprinkle contents of capsule on soft food and swallow immediately without chewing	Levetiracetam	Tablets Granules Oral solution Solution for infusion	Brand – Keppra (does this matter?) Discuss branded medication and the importance. For administration of oral solution, manufacturer advises requisite dose may be diluted in a glass of water	Omeprazole	Capsules Dispersible tablets Oral suspension	Tablets (Losec MUPS, Mezzopram) or capsules (Losec) containing enteric coated pellets can be dispersed in non-carbonated water or slightly acidic liquid (fruit juice or apple sauce, NOT milk or carbonated water). The dispersion should be stirred just before drinking and taken immediately, rinsed down with half a glass of water. Not chewed.	Lactulose	Oral solution	Takes ~72hrs to have an effect.	Lamotrigine	Tablets Dispersible tablets	Gradual titration: Stevens-Johnson syndrome
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<p>References/ guidelines/ pre-reading / web links</p>	<p>https://www.theguardian.com/commentisfree/2022/apr/07/most-carers-like-me-havent-had-a-break-since-2020-its-a-scandal-in-plain-sight CPPE: Learning Disabilities A CPPE distance programme Update September 2020 NICE Guidelines for Epilepsy Maudsley Prescribing Guidelines: Chapter 10 Learning Disabilities, page 699</p>																					

Scenario 7 – Practitioner Briefing

It is 11am on a Saturday morning in a Community Pharmacy. Mr Harrison, a 40yr old man comes in to collect his daughter's medication. The medication is readily prepared and you must hand out the medication and counsel appropriately if necessary and answer any queries from Mr Harrison.

Please note there is a supply problem with topiramate sprinkles, so the GP has changed this to tablets.

Scenario 7 – Practitioner Resources (FP10 Prescription)

 Pharmacy Stamp		Age 12 D o B 01/03/20__	Name (including forename and address) Miss Sophie Harrison 123 The Beaches London SE4 6RD	
		Dispenser's Endorsement	Number of days' treatment N.B. Ensure dose is stated	NP
Pack & Quantity		Carbamazepine 300mg 100mg/5ml oral suspension TDS x 10P Topiramate 50mg tablets BD x 56 Levetiracetam 500mg BD 100mg/ml oral solution x 10P Omeprazole 10mg capsules OM x 28 Lactulose liquid 10ml BD x 300ml Lamotrigine 25mg orodispersible tablets BD x 56		
Signature of Prescriber <i>D. Davies</i>		Date 20/__/20__		
For Dispenser No. of Prescns. On form <input type="text"/>		Dr Davies 1 The surgery New town		
		PATIENTS – please read the notes overleaf		FP10C 0899

Scenario 7 – Patient Father Role Briefing

Name: Tom Harrison

Age: 40 years old

Dress code: Casual wear

You are a 40yr old father/carer for your 12yr old daughter Sophie. She has profound and multiple learning disabilities, refractory epilepsy, ASD and reflux disease. You are popping into your local community pharmacy to collect your daughter's medication.

Background:

You are tired, sleep deprived, stressed. You and your wife are your daughter's full-time (24/7) carers. You both work part-time to share the childcare responsibilities. Sophie is due to be going to a charity hospice this evening for the night, to give you and your wife respite. This is the first opportunity you have had for any respite in the last 12 months. Sophie is staying at the hospice for one night only. You have bought VIP tickets for a theatre show in London (Les Miserables) to treat your wife.

Scenario:

You have popped into your community pharmacy to collect your daughters monthly supply of medication. You are a bit flustered and rushed because you need to get to the hospice by 12 noon for your daughter's admission meeting. The hospice can take an hour to drive to and the admission meeting itself involves a lengthy discussion to hand over your daughter's care. .

Once you are handed the medication bag, if the pharmacist does not get the medication out and go through each one with you, you get them all out the bag to check they are all there and the labels are correct.

The lamotrigine dose is being increased every two weeks by 25mg/day to 50mg BD for 4 weeks before going up to 50mg/75mg for 4 weeks and 75mg BD thereafter according to your daughter's neurology consultant. Sophie has been on lamotrigine for 8 weeks. The labels on the medication you are supplied by the community pharmacy do not reflect this increase. This error occurred last month when you collected your daughter's medication, hence why you are short of your supply of lamotrigine this time and have run out.

You are really frustrated at this error:

- This happened last month, where you were more understanding, but this time you are really frustrated as the pharmacist promised to speak with the surgery to get the dose changed so that the label could reflect what you give.
- Sophie is due to be going to a charity hospice this evening, so you and your wife can have a night respite. The charity hospice will not give Sophie the correct dose of lamotrigine in your absence unless the medication is labelled correctly. You would have to be onsite to give her the medication instead if you wanted her to have a dose different to what is labelled.
 - The label currently states 25mg BD, but should be 50mg BD. If they follow the label, she will receive less than her necessary dose and this could lead to a seizure.

- Lamotrigine takes a long time to titrate, and you are already frustrated about this, you don't want the pharmacy to slow it down any longer.
-

If the pharmacist refuses to change the lamotrigine label, this will mean you cannot have your respite and your theatre tickets will be wasted. This will make you very frustrated and angry. You cannot understand why the pharmacist cannot change the label, and are offended at any suggestion that you don't know what you're doing. You and your wife are at the end of what you can emotionally cope with. If the label for the lamotrigine is not changed, you simply take the bag of medicines and storm out of the pharmacy.

If asked about:	Formulation of medication: Sophie can't swallow tablets.
Any further questions? (and not already discussed) <i>You can choose to ask a selection of these questions depending on the time spent in the scenario.</i>	Can we crush her topiramate tablets – is this okay? We normally have the sprinkles.
	The levetiracetam looks different than Sophie has. Is this okay? If the pharmacist reassures you that its clinically okay, then express your concerns about the difference in taste and texture and this could lead to Sophie refusing her medication.

Patient profile: **The patient is not present in the scenario******

Name: Sophie Harrison

Age: 12 years old (01/03/20XX)

Allergies: NKDA

Diagnosis: profound and multiple learning disabilities, refractory epilepsy, ASD and reflux disease

Medication:

Carbamazepine 300mg 100mg/5ml oral suspension TDS (7am, 3pm and 8pm)

Topiramate 50mg tablets BD (7am and 7pm)

Levetiracetam 500mg BD Kepra 100mg/ml oral solution (7am and 7pm)

Omeprazole 10mg capsules OM

Lactulose liquid 10ml BD

Lamotrigine 50mg orodispersible tablets BD (recently increased, titrating up gradually under the neurology consultant)

Scenario 7 – Embedded Participant Briefing (Dispenser)

Background and scenario:

It's a Saturday morning and you are very busy in the dispensary preparing the dosette boxes for the local care home. You don't want to be disturbed.


You know the patient Sophie Harrison and her father, having dispensed her FP10s before. You recall there was an issue with the lamotrigine dose, but can't remember the details.

You do not intervene unless you hear the dad shouting. If that happens, you should ask to speak to the pharmacist away from the carer, and find out what's going on. Tell the pharmacist to "just change the prescription, why can't you do that?" If the pharmacist asks to speak to the neurologists or oncall team at the hospital. Tell them you will try and find the number and call someone, wait one minute and tell them that you've not been able to get hold of anyone who can confirm the lamotrigine dose for the patient.

Scenario 8 – Community Pharmacy Conflict

Course Title	Pharmacy Foundation Simulation
Scenario	Community Pharmacy Conflict
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator 2 Actor (Patient) <i>Depending on experience of facilitator this scenario can be run with only 1 faculty member. The Facilitator can take on the role of the patient.</i>
Scenario Participants:	2 x Trainee Pharmacist or 1 Trainee Pharmacist and 1xPreregistration trainee pharmacy technician

Patient 1 Name	Rebecca Finnagan [or change name to fit gender according to actors available]	NHS Number	410 310 2100
Patients D.O.B	18/05/2003		
Patient 2 Name	Isabella Whitley [or change name to fit gender according to actors available]	NHS Number	420 320 2200
Patients D.O.B	18/10/1957		
Main Clinical Problem	Two patients both visiting the pharmacy during a busy lunch shift. Patient 1 has come into drop off a prescription which she will be back to collect later and patient 2 is coming to collect her methadone and to ask about an OTC query she has.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Communication 2. Team work 3. Care 4. Situational awareness 5. Leadership 6. Decision Making
Learning Goal	<ol style="list-style-type: none"> 1) Identify human factors that influence individual and team performance 2) Recognise personal and professional limitations and work with others to response to conflict and clinical requests 3) Organise and prioritise workload 4) Combine clinical and pharmaceutical knowledge together with effective listening and questioning skills to respond appropriately to clinical queries 		
Faculty	Faculty Controlling/Observing: 1x facilitator Role Players: 2x Patients		
Pre-Briefing	<p><u>Pre-brief to learners:</u> Today's date is the 21/06/2021 – It is during a pandemic and the requirements are for the public to wear face masks (unless exempt) when inside shops to prevent the spread of virus.</p> <p>This scenario is based in a community pharmacy during a busy lunch shift, two patients will require assistance. Patient 1 will be dropping off an FP10, patient 2 will be collecting her weekly supply of methadone, which will need to be checked by the pharmacist prior to handing out.</p> <p><u>Pre-brief for the PTPT or TP 1 (if 2 PRPs in the scenario) only</u> You are taking on the role of a trainee pharmacist or PTPT. You are manning the counter over the lunch period. You will be required to attend to the patients at the counter and take in prescriptions and respond to any walk in patients.</p> <p><u>For the TP (or TP 2 if 2 TPs in the scenario) only:</u> You are taking on the role of the pharmacist.</p>		

	You will be responsible for checking and decanting the methadone, and documenting the methadone supply in the CD register prior to handing out whilst your fellow practitioner attends to the counter.
Kit preparation	<p>(surgical) Face masks Practitioner Resources FP10 prescription Practitioner Resources FP10 CD Methadone prescription Methadone bottle with 250ml green coloured water Syringe with pre-measured methadone CD Register</p>  <p>CD REGISTER SIM.pptx</p> <p>Chloramphenicol box Form of ID for Patient 2</p>
Environment	Community pharmacy dispensary setting
Notes to faculty	<p>(End point) Scenario ends when: Scenario ends after patient has agreed to husband's referral to the GP or if chloramphenicol is to be sold. Patient should be referred as his symptoms could indicate glaucoma.</p> <p><i>"This scenario is designed to replicate a community pharmacy environment. During this scenario practitioners' will be required to assist patients, de-escalate confrontational situations and make adequate enquiries regarding patient's condition to make decision based on their own clinical judgment.</i></p> <p><i>Additionally, this scenario aims to build patient consultation skills, whilst honing in on the importance of understanding the patient experience, allowing for negotiation of shared agendas and helping to provide practical solutions to patient issues."</i></p> <p>NOTE: you may wish to modify aspects of the dialogue to fit with how you want to imagine the pandemic situation to be. For example, if you want to set the scenario within a 'post-pandemic' situation / or when restrictions no longer apply , you could have 'patient 1' be a carer for a vulnerable person who feels they need to be extra careful and is very anxious about being in enclosed spaces so they continue to wear a face mask outside their own home, and become very anxious when others come near them. You could then have 'patient 2' walk close to them, cough a few times and thus trigger the conflict that way.</p>
References/ guidelines/ pre-reading / web links	<p>eMC: https://www.medicines.org.uk/emc/product/6318/smpc MEP: Controlled drugs. NHS choices: Eye infections</p>

Scenario 8 – Practitioner Briefing

Today's date is the 21/06/2021– It is during a pandemic and the requirements are for the public to wear face masks (unless exempt) when inside shops to prevent the spread of virus.

This scenario is based in a community pharmacy during a busy lunch shift, patients presenting to the pharmacy counter will require assistance. You are expecting a patient to collect their methadone prescription soon.

The supply of methadone for Isabella Whitley will need to be checked by the pharmacist prior to handing out.

Pre-brief for the PTPT or PRP 1 (if 2 PRPs in the scenario)

You are taking on the role of a trainee pharmacist or PTPT.


You are manning the counter over the lunch period. You will be required to attend to the patients at the counter and take in prescriptions and respond to any walk in patients.

For the PRP (or PRP 2 if 2 PRPs in the scenario):

You are taking on the role of the pharmacist.

You will be responsible for checking and decanting the methadone, and documenting the methadone supply in the CD register prior to handing out whilst your fellow practitioner attends to the counter.

Scenario 8 – Practitioner Resources (FP10 CD Prescription)

Pharmacy stamp	Age	Title, Forename, Surname & Address	
	D.o.B	Mrs Isabella Whitley	
07/10/1957		16 Fink Road	
		London	
		Si17 5MM	
Please don't stamp over age box		NHS Number: 420 320 2200	
Number of days' treatment		5	
N.B. Ensure doses stated			
Encorements	<p>Methadone sugar free 1mg/ml Mixture CD</p> <p>Daily dose as Follows 20ml in instalments</p> <p>Total 100ml (one hundred ml)</p> <p>Treatment period: 21/06/2021 to 25/06/2021 (dates inclusive)</p> <p>Please dispense:</p> <p style="padding-left: 40px;">Mon 21/06 100ml</p> <p style="padding-left: 40px;">Tues 22/06 0ml</p> <p style="padding-left: 40px;">Wed 23/06 0ml</p> <p style="padding-left: 40px;">Thurs 24/06 0ml</p> <p style="padding-left: 40px;">Friday 25/06 0ml</p> <p><i>If an instalment prescription covers more than one day and is not collected on a specific day, the total amount prescribed less the amount for the day(s) missed may be supplied provided no more than 3 days are missed. Please dispense any instalments due when the pharmacy is closed including bank holidays to take out together with the last instalment preceding closure.</i></p>		
Signature of Prescriber		Date	
A. Sloane GMC:0000467		21/06/2021	
For dispenser No. of Prescriptions on form	Prescriber's name and address Alison Sloane Simulation Medical Practice Virtual Road SI76 4MH		
	FP10CD0000		

Scenario 8 – Practitioner Resources (FP10 Prescription)

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	D.o.B	
	18/05/2003	Miss Rebecca Finnagan 54 Spate Road London SE17 6IM
Please don't stamp over age box		
Number of days' treatment		NHS Number: 410 310 2100
N.B. Ensure dose is stated		
Encorements	<p><i>Fexofenadine 120mg Tablets</i></p> <p><i>Take ONE tablet once a day</i></p> <p><i>30 tabs</i></p>	
Signature of Prescriber		Date
<i>A. Sloane</i> GMC:0000467		21/06/2021
For dispenser No. of Prescriptions on form	Prescriber's name and address	
<input type="checkbox"/>	<p>Alison Sloane</p> <p>Simulation Medical Practice</p> <p>Virtual Road</p> <p>SE17 6IM</p>	
	FP10SS0406	

Scenario 8 – Patient 1 Briefing

Character profile: Patient 1

Name: Rebecca Finnagan

Gender: Female

NHS Number: 410 310 2100

D.O.B: 18/05/2003

Dress Code: own clothes, and wear a mask and gloves.

Background: You are an anxious 18-year old with chronic rhinitis asthma and eczema, who is very knowledgeable about her medications please refer to medications list below- this *can be memorised or printed out*

- **Allergies:** penicillin, grass pollen, cats, nuts
- **Social history:** Swimming teacher, active busy lifestyle- early starts and busy weekends. Non-smoker, light drinker

Scenario:

You are dropping off your prescription at the local pharmacy to be picked up later on that day, it is for a new medication fexofenadine. You will be required to give a full drug history when handing in the prescription. Patient 2 will be coming in shortly after you and will have no regard for your personal space, you will be required to initiate conflict, making sure to vocalise how uncomfortable you are (*please refer to “Dialogue for Script between actors” below for conflict script this can be improvised further*).

Dialogue for Script between actors:

Patient 1: Excuse me, you are standing very close to me, we should be 2M apart, and why aren't you wearing a face mask? Honestly!

Patient 2: I'm sorry, I'm just in a hurry (proceed to move away slightly, and then resume your closeness shortly after)

Patient 1: She's doing it again! Honestly, you're making me feel really uncomfortable standing this close, and why are you not wearing a mask? You're required to wear a mask to enter the pharmacy.

Patient 2: I am in a hurry how long does it take you to list your medications anyway?!

If practitioner attempts to deescalate carry on with the confrontation, with raised voices

Patient 1: (interrupt patient 2) you should be wearing a mask- can you wear your mask? Why aren't you wearing one? (**Turning to the TP or PTPT**) can you ask her to wear her mask please?!

Patient 2: You're being extremely rude young lady. I am exempt, so I do not need to wear one and it's none of your business!

If practitioner attempts to deescalate carry on with the confrontation.

Patient 1: If you're not going to wear your mask, can you step back until I have finished.

Patient 2: How dare you?! I've been taking medications longer than you have been alive!

If practitioner intervenes and engages in conversation both participants should surrender to their authority and step back.

Once patient 1 is done, patient 2 should inform the practitioner that you have come to collect your methadone.

Other Responses:

- **When asked for your drug history:** give a clear list of the medications you take, and explain that this new medication is meant to be a stronger antihistamine.
- Ask if the antihistamines can be taken together?
- Inform practitioner that you will collect later on today.

Medication list:

- Flixonase Nasal Spray 100mcg OD
- Cetirizine 10mg OD
- Symbicort 200/6 2 Puffs BD
- Diprobase Cream PRN
- Beclomethasone Cream PRN
- *Rescue Packs:* Prednisolone 40mg OD for 7 Days and Amoxicillin 500mg TDS for 7 Days.

Scenario 8 – Patient 2 Briefing

Character profile: Patient 2

Name: Isabella Whitley

Patients Age: 63

Gender: Female

NHS Number: 420 320 2200

D.O.B: 07/10/1957

Dress Code: own clothes and no mask

Background: You are a 64-year old retired civil servant, who lives with her husband. You have been on methadone for 20 years for previous opioid addiction, you also have hypertension which is treated with ramipril 10mg OD and amlodipine 5mg OD.

*You are an anti-vaccination individual who is not too concerned with COVID-19 and you are also exempt from wearing a mask
you are in a little bit of a hurry so are therefore eager to get help from the counter*

Initially walk up quite close to the patient already at the counter until she starts to complain about your proximity to her, in response to her anger explain that you are exempt from wearing a mask.

- **Allergies:** NKDA

Scenario: You are coming to pick up your weekly methadone prescription from the pharmacy as you do every week, you are in a little bit of a hurry so therefore on arrival to the pharmacy you are eager to get help from the counter, and unknowingly drift closer and closer to the anxious patient already at the counter who starts confrontation with you (*please refer to “Dialogue for Script between actors” below for conflict script this can be improvised further*).

After the commotion is de-escalated speak to the pharmacist about collecting your methadone and ask to buy some chloramphenicol eyedrops for your husband (*see “other responses” for this consultation*)

Dialogue for Script between actors:

Patient 1: Excuse me, you are standing very close to me, we should be 2M apart, and why aren't you wearing a face mask? Honestly!

Patient 2: I'm sorry, I'm just in a hurry (*proceed to move away temporarily, and then resume your closeness shortly after*)

Patient 1: She's doing it again! Honestly, you're making me feel really uncomfortable standing this close, and why are you not wearing a mask? You're required to wear a mask to enter the pharmacy.

Patient 2: I am in a hurry... how long does it take you to list your medications and hand in your prescriptions anyway?!

If practitioner attempts to deescalate carry on with the confrontation- with raised voices

Patient 1: (interrupt patient 2) you should be wearing a mask- can you wear your mask? Why aren't you wearing one? **(Turning to the TP or PTPT)** can you ask her to wear her mask please?!

Patient 2: You're being extremely rude young lady. I am exempt, so I do not need to wear one and its none of your business!

If practitioner attempts to deescalate carry on with the confrontation.

Patient 1: If you're not going to wear your mask, can you step back until I have finished.

Patient 2: How dare you?! I've been taking medications longer than you have been alive!

If practitioner intervenes and engages in conversation both participants should surrender to their authority and step back.

Once patient 1 is done, you should inform the practitioner that you have come to collect your methadone.


Other Responses:

- If asked please show any form of ID
- Ask to purchase some chloramphenicol eye drops OTC for your husband.
- **When asked why you need the chloramphenicol:** explain that your husband has complained of blurred vision and has had red eyes for the past 2 weeks, used chloramphenicol drops 3 months ago prescribed by the doctor for a previous eye infection.
- **Symptoms?** Intense eye pain in both eyes but more the left, and he has been having headaches.
- **Tried anything?** Hypromellose found in the cupboard still in date yesterday thought it might clear the blurred vision but it has not helped.
- **When told your husband needs to be referred:** ask for rationale to be provided and then agree to take your husband to the GP.

Scenario 9 – Emergency Supply

Course Title	Pharmacy Foundation Simulation
Scenario	Emergency Supply
Target Delegates	Trainee pharmacists & Pre-registration trainee pharmacy technicians
Suggested number of delegates	6-12
Faculty required	1 Facilitator
Scenario Participants:	All

This scenario plays out via the PowerPoint slides. All participants read and engage in the debrief as the scenario progresses. Focus questions should be asked to stimulate discussion amongst the participants.

Main Clinical Problem	Possible safeguarding concerns following consideration for an emergency supply of a prescription only medicine.	Potential Human Factor Skills	<ol style="list-style-type: none"> 1. Verbal communication 2. Nonverbal communication 3. Appreciation of person 4. Decision making
Learning Goal	<ol style="list-style-type: none"> 1) Recognise 'red flags' for safeguarding concerns 2) recognise professional responsibilities of a pharmacist and pharmacy technician in safeguarding situations 3) refer appropriately and document concerns 4) identify personal biases towards patients with mental illness 5) handle emergency supply requests appropriately 6) evaluate medicines adherence 		
Faculty	Faculty Controlling/Observing: 1x facilitator		
Scenario	 <p>KHP Emergency supply scenario.ppt:</p> <ul style="list-style-type: none"> • A Woman in her early 30's walks into your community pharmacy on a Sunday afternoon with her 8yr old son. She appears stressed and flustered, explaining her son has asthma and she has run out of his inhalers and she desperately needs them as her son is wheezing at night at the moment as he has a cold and he is becoming short of breath when playing football. • She then hands you a prescription for Diazepam for herself, that she expresses she needs today. <p>Focus questions:</p> <ul style="list-style-type: none"> ○ <i>What do you think you need to consider regarding the requests for the medications?</i> <ul style="list-style-type: none"> • When questioned about the Son's asthma, she explains it is well controlled with his brown inhaler 1 puff twice daily and only uses the blue inhaler occasionally. As he has a cold at the moment, he is struggling a little more than usual, especially when running around. He last saw an asthma nurse a couple of months ago and everything was okay. • Whilst talking to the mother, you notice she has bruising around her eye and some bruises up her arm. When she catches you looking at them, she pulls her sleeves down. <p>Focus questions:</p> <ul style="list-style-type: none"> ○ <i>What responsibilities do you think you have in response to the woman's bruises?</i> <p>Additional information:</p> <ul style="list-style-type: none"> ○ <i>The woman discloses to you that the bruises were a result from an argument with her new boyfriend. She asks you to promise not to tell anyone.</i> ○ <i>What do you do?</i> <ul style="list-style-type: none"> • When checking your records, you can see you previously dispensed inhalers for her son a couple of months ago. These details match up. 		

Kit preparation	PowerPoint Presentation
Environment	N/A
Notes to faculty	See debrief notes.
References/ guidelines/ pre-reading / web links	RPS: <i>Protecting vulnerable adults – quick reference guide.</i> Department of Health and Social Care: <i>Mental Health Act 1983: Code of practice 2015.</i> NHS England: <i>Abuse and neglect of vulnerable adults</i> Diagram 14 in MEP, page 123 CPPE – safeguarding course (free of charge) ○ https://www.cppe.ac.uk/programmes/l/safegrding-e-02

Scenario 9 – Emergency Supply Debrief Notes

Emergency supply:	
MEP policy:	In an emergency a pharmacist working in a registered pharmacy can supply POMs to a patient (humans not animals) without a prescription on the request of a 'relevant prescriber'.
Emergency supply at the request of a patient:	
Interview:	Regulation 225 Human Medicines Regulations 2012 requires a pharmacist to interview the patient. The RPS recognises that in some circumstances this might not be possible, for example if the patient is a child, or being cared for etc. In these circumstances the RPS advises pharmacists to use their professional judgement and consider the best interest of the patient.
Immediate need:	The pharmacist must be satisfied that there is an immediate need for the POM and that it is not practical for the patient to obtain a prescription without undue delay.
Previous treatment:	The POM requested must previously have been used as a treatment and prescribed by a UK, EEA or Swiss prescriber.
Dose:	The pharmacist must be satisfied of knowing the dose that the patient needs to take (e.g. Refer to the PMR, electronic health record, prescription repeat slip, labelled medicine box etc.)
Length of treatment:	If the emergency supply is for a CD (phenobarbital or sch 4 or 5) the max quantity = 5 days. POM = no more than 30 days (except for insulin, inhaler , creams – packs cannot be broken. Smallest pack available should be supplied). Cannot request an emergency supply of Controlled Drugs in Schedules 1, 2, or 3, or drugs that do not have a UK marketing authorisation.
Records kept:	An entry must be made in the POM register on the day of supply: <ul style="list-style-type: none"> - Date - Name (including strength and form where appropriate) and quantity of medicine supplied. - Name and Address of patient - Information on the nature of the emergency, such as why the patient needs the POM and why a prescription cannot be obtained etc.
Labelling:	In addition to standard labeling requirements, the words 'Emergency supply' need to be added to the dispensing label.
Refusal to supply:	
After gathering and considering information, if pharmacist refuses, patient should be advised on how to obtain a prescription for the medicine or appropriate medical care. E.g. Referral to a doctor, NHS walk-in Centre or A+E.	
Pandemic exemptions:	
Legislation is in place that relaxes emergency supply requirements in the event of a pandemic or imminent pandemic being declared by DoH. It means that pharmacists would not need to interview the patient who requires a medicine through emergency supply.	
An emergency supply requested by prescriber differs that the pharmacist is satisfied that the prescriber by reason of some emergency is unable to furnish a prescription immediately and that the prescriber has undertaken to furnish a prescription within 72 hours.	
More detail about emergency supplies via: Emergency supply of medicines Medicines guidance BNF content published by NICE	

Safeguarding:	
Pharmacy Team members all have a professional, legal and moral duty to protect children and vulnerable adults from abuse or neglect and to work with other organisations and authorities to safeguard children and vulnerable adults.	
Resources:	<ul style="list-style-type: none"> - MEP - RPS - Local procedures (eg. Employer) - NHS Trust procedures - Local Safeguarding Children Board - Local Safeguarding adults board - MASH (multi-agency safeguarding enquiries) - Designated Doctor and nurse for each clinical commissioning group - Police
Important points to note:	
<p>A vulnerable adults wishes should be taken into account at all times. Obtain consent from the patients before disclosing confidential information about them.</p> <ul style="list-style-type: none"> - However, if there are overriding circumstances requiring you to take immediate action to ensure the safety of the individual or others the need for referral, even they do not give consent, should be considered. If you are unsure of someone's mental capacity to provide consent seek additional advice e.g. From their GP. - Someone in an abusive relationship is a vulnerable adult. <p>You should not attempt to investigate suspicions or allegations of abuse directly or to discuss concerns with the alleged perpetrator of the abuse or neglect.</p> <p>You should make appropriate records of concerns and suspicions, decisions taken and reasons whether or not further action was taken on a particular occasion.</p> <p>Refer to GP:</p> <ul style="list-style-type: none"> - Safe-guarding lead in GP surgery - Safeguarding potentially already in place - Social services already in place - Processes already in place - Community pharmacist won't have access to records – difficult position to be in 	
5 R's:	
<p>Recognise: identify concerns</p> <p>Respond: Do something!</p> <p>Record: Document what you have identified or been told</p> <p>Report: Depending on your role, this maybe to the responsible pharmacist or your organizational safeguarding lead or named professional.</p> <p>Refer: If appropriate refer on to social services or MASH.</p>	
Abuse: When presented with a case of possible abuse, consider the following questions:	
<ul style="list-style-type: none"> - Is this abuse? - Is the person safe? - Are there risk to young people? - Am I breaching confidentiality? - Is this act of abuse unlawful? - Have I heard the full story? - Who is involved, e.g. Friends, family, neighbours and/or carers? - Are other professional already involved? 	
Whether to contact local authority social care and/or named health professional within the safeguarding team. As a minimum the safeguarding team, your organizational safeguarding lead or line manager should be contacted for advice and support in following up concerns.	

Safeguarding children and vulnerable adults	
Working in partnership across agencies and services is vital for an effective assessment of risk and to ensure safety of children and vulnerable adults; information needs to be exchanged between healthcare and social work professional as well as across both geographical boundaries.	
Everyone has a duty to protect children and vulnerable adults.	
Designated doctor and designated nurse	
<ul style="list-style-type: none"> - Each clinical commissioning group is required to have a designated doctor and nurse to provide a strategic lead in relation to all aspects of safeguarding across the healthcare services and to provide advice and support health and social care professionals as required. 	
Named Professionals	
<ul style="list-style-type: none"> - All NHS trusts (including ambulance trusts) have identified named professionals who lead on issues related to safeguarding for their respective trusts and services. They can be contacted for guidance and support with any concerns you may have. 	
Local Safeguarding Children Board (LSCB)	
<ul style="list-style-type: none"> - A requirement of the Children Act 2004, each local authority must have a LSCB whose member includes representatives from the local police, probation services, CCGs, NHS Trusts, CaFCASS (Children and family court advisory and support service) and lay members. - The role of this multiagency body is to coordinate partners working in safeguarding, promote the welfare of children in the area and to ensure the effectiveness of what is being done. 	
Local Safeguarding Adults Board	
<ul style="list-style-type: none"> - Requirement of Care Act 2014. Each local authority must have one, comprising the chief officer police, representatives from the CCG and local authority. 	
MASH (Multi-agency safeguarding Hubs)	
<ul style="list-style-type: none"> - First point of contact for safeguarding enquires - Key agencies are co-located to allow better information sharing and faster decision making. 	
Police	
<ul style="list-style-type: none"> - 999 for emergencies - 101 for non emergencies - Since Oct 2015 all registered HCP in England have had a mandatory duty to report all known cases of FGM in girls aged under 18 to the police. 	
<p>Vulnerable adults: Vulnerable adults are persons who are over the age of 18 and are at a greater risk of abuse or neglect. They may fall into one of the following groups:</p>	<ul style="list-style-type: none"> - Suffers from mental or physical disability - Has LD - Is frail or elderly - Is in an abusive relationship - Is a substance misuser

References

1. Jaye P, Thomas L, Reedy G, 'The Diamond': a structure for simulation debrief, *The Clinical Teacher* 2015; 12: 171-175