Mentoring, learning and assessment in general practice: roles of the clinical mentor
July 2018
Who is CPPE?

CPPE is part of the Division of Pharmacy and Optometry, within the Faculty of Biology, Medicine and Health at the University of Manchester.

Offer continuing professional development for all pharmacists and pharmacy technicians providing NHS services in England.
Agenda

• Introduction to Clinical Pharmacist in General Practice
• Different support roles
• Describe the learning sets and case study activity
• Case-based discussions and feedback
• Question time
Clinical pharmacists in general practice

- 491 clinical pharmacists working in general practice completed the 18-month pilot
- Success led to the NHS General Practice Forward View committing over £100 million to support an extra 1500 clinical pharmacists to work in general practice by 2020/21. This is part of a wider expansion of the general practice workforce so that patients have better local access to a range of highly trained health professionals for their needs
- New intake every 4 months; as it stands approximately over 40 percent of surgeries in the England – a patient population of nearly 34 million – will have access to the expertise that clinical pharmacists offer in disease and medicines management
Clinical pharmacist in general practice education

- Flexible 18 month education programme to support work-based, self-directed learning.
- Minimum of two intakes per year in each area of England.
- Recognises prior knowledge and experience of the pharmacists.
- Differentiates between the different needs of clinical pharmacists and senior clinical pharmacists.
- Comprehensive assessment strategy with a mixture of approaches including online and work-based assessment.
- Education supervision to support learners to achieve maximum progression.
- Clinical mentors who have direct experience of the clinical pharmacist in primary care role.
- A plan to support learners in difficulty to minimise attrition.
‘These pharmacists will be patient-facing and person-centred practitioners who are integrated within the multidisciplinary team. They will improve patient access to primary care, supporting and empowering patients to achieve optimal health and wellbeing. As prescribing experts they will deliver medicines optimisation and NHSE priorities in the context of local need.’

CPPE pathway handbook
Clinical pharmacists in general practice education

Modules
- Study days, e-learning, webinars, enquiry-based learning, discussion forums
- Clinical pharmacists role progression handbook
- Local learning sets

Assessment stage 1
- Modules
- Local support: GP clinical supervisor, senior clinical pharmacist, clinical mentor, peer support

Assessment stage 2
- Education supervision

Assessment stage 3
- Senior induction
- Pathway 1 and 2 induction

Local support: GP clinical supervisor, senior clinical pharmacist, clinical mentor, peer support
Support

Clinical pharmacist

GP clinical supervisor

Senior clinical pharmacist

Education supervisor

Senior clinical pharmacist

GP clinical supervisor

Clinical mentor
## Activity 1: Role of the clinical mentor

<table>
<thead>
<tr>
<th>Clinical Mentor</th>
<th>GP Clinical Supervisor</th>
<th>Education Supervisor</th>
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# Role of the clinical mentor

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<tr>
<th>Clinical Mentor</th>
<th>GP Clinical Supervisor</th>
<th>Education Supervisor</th>
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<tbody>
<tr>
<td>Pharmacist with experience in clinical GP work</td>
<td>General Medical Practitioner</td>
<td>Pharmacy Professional</td>
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<tr>
<td>Role model</td>
<td>Support role development and integration into the practice</td>
<td>Initial meeting to identify learning and development needs</td>
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<tr>
<td>Provide group mentoring in learning sets at the start of the pathway to support pharmacists to become patient facing.</td>
<td>Supervision in the workplace</td>
<td>Agree and jointly sign learning contract with pharmacist</td>
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<td>Assessment and provide feedback of Case based discussions</td>
<td>Rapid response to issues as they arise</td>
<td>Individual support, Personal Development Planning</td>
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<td>Non-bias support for issues in the workplace that arise</td>
<td>Feedback and debrief after clinical sessions</td>
<td>Track assessments</td>
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<td>Facilitating discussion of safe and effective patient care in a group setting</td>
<td>Confirm competency of clinical skills</td>
<td>Mark assessments</td>
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<td>Feeding back and advising about non-urgent clinical issues arising in practice.</td>
<td>Observe clinical skills</td>
<td>Provide developmental feedback of progression</td>
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<tr>
<td>Provide individual role support and mentorship to senior clinical pharmacists</td>
<td>Ensuring a safe environment for the pharmacist to practice</td>
<td>Facilitate residential and study days</td>
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<td>Provide feedback on progress to educational supervisor</td>
<td>Provide feedback on progress to educational supervisor</td>
<td>Review feedback from others</td>
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The curriculum focuses on the following areas:

• fundamentals of general practice
• clinical assessment, examination, monitoring and decision-making
• consultation and communication skills
• long-term condition management
• medicines optimisation, multimorbidity and polypharmacy
• evidence-based medicine and safety
• leadership and management.
Clinical pharmacists in general practice education

1. Learning needs analysis
2. Senior induction
3. Pathway 1 and 2 induction
4. Assessment stage 1
   - Modules
     - Study days, e-learning, webinars, enquiry-based learning, discussion forums
     - Clinical pharmacists role progression handbook
   - Local learning sets
   - Portfolio
5. Assessment stage 2
6. Assessment stage 3
7. Education supervision
8. Local support: GP clinical supervisor, senior clinical pharmacist, clinical mentor, peer support
9. Statement of assessment & progression

Pathway 1 and 2 induction
Senior induction
Learning needs analysis
Assessment stage 1
Assessment stage 2
Assessment stage 3
Education supervision
Local support: GP clinical supervisor, senior clinical pharmacist, clinical mentor, peer support
Statement of assessment & progression
Learning sets

- Antimicrobial stewardship
- Developing your patient facing role
- Learning disabilities
- Multimorbidity
- Patient safety in general practice
- Type 2 diabetes
- Working with community pharmacy
Learning sets

- Norming: Working with each other
- Storming: Challenging each other
- Performing: Working as one
- Forming: Learning about each other
Learning objectives

After completing all aspects of this programme, you should be able to:

• discuss practical ways to actively engage patients
• identify barriers to becoming patient facing and suggest methods to overcome them
• apply transferable skills to facilitate the patient-facing role
• develop an action plan to deliver patient-facing care.
As part of your pre-workshop tasks, you were asked to list barriers that pharmacists may face in developing their role.

Identify your top three, write on post-its and place on the flip chart, divided into internal and external barriers.

In your group, discuss how to overcome these barriers and consider solutions for those not yet resolved.
Case study

Annette has been working in a busy practice, with lots of part-time GPs, for three months. The practice has a high volume of prescribing relative to the number of patients. She is feeling overwhelmed and disheartened. When she started the job, it was clear that the practice wanted her to become patient facing, however all she currently seems to do is answer prescription queries. She has shadowed all the GPs, practice nurses, HCAs and administration staff. There is no overall plan for the development of her role and she is a non-prescriber. The practice doesn’t really want her to become patient facing because what she is doing now is saving them time, which they value. She has tried to bring this up with the practice manager who was too busy to discuss the issue and told her to ‘get on with it’.

Annette is missing the patient contact from her previous community pharmacy role and is not sure she made the right decision to change sectors. The practice is due to hire a physician associate next year and she is feeling nervous on what impact this will have on her role progression.

Devise a short term plan for Annette detailing the next eight weeks.
Workplace-based assessment – stage 2 and 3

- Multisource feedback.
- Case-based discussion.
- Clinical examination and procedural skills assessment record.
- Patient satisfaction questionnaire.
- Consultation skills - direct observation of practice.

"[I] dealt with a patient differently the next day as a direct result of listening to someone else's case."

Clinical pharmacist
Case based discussion (CbD)

- CbD is a retrospective structured discussion designed to assess the pharmacist’s professional judgement in clinical cases.
- The CbD encourages the pharmacist to reflect on their practice and allows the assessors to probe into the pharmacist’s application of knowledge in relation to the case presented.
- Assessed by clinical mentor at learning set.
What is feedback?

• Feedback is a dialogue or interaction with the trainee which raises their awareness about their strengths and areas for development in order to elicit learning, change and increase confidence and competence.
Principles of giving effective feedback

1. Time and timing
2. Preparation
3. Descriptive, specific and non-judgemental
4. Focus on behaviour rather than personality
5. Focus on things where change is possible
6. Model respect and collaboration
7. Keep a record
Barriers to giving feedback

- Lack of time
- Lack of confidence
- Concerns about managing emotional response
- Anxiety about damaging future relationship
The Johari Window

- **Known to You**
  - What you discuss at dinner parties.

- **Unknown to You**
  - What is discussed at dinner parties you’re not invited to.

- **Known to Others**
  - At weekends you are an Elvis impersonator.

- **Unknown to Others**
  - Stuff life hasn’t thrown at you yet.
What’s wrong with these feedback messages?

- You weren’t very empathetic
- Your body language wasn’t very good
- It was really good
- It would have been better if you’d said this
Feedback should be BOOST

Balanced – include both positive feedback and areas for development

Owned - use ‘I’ statements “I experienced Y, that made me feel Z”

Observed - focus on facts i.e. what you see not what you believe or hearsay

Specific - focus on behaviour that can be changed not personality traits

Timely – give feedback as soon after the event as possible
Feedback shouldn’t be DOWNER

**D**emotivating – over emphasising negatives is a barrier to effective change

**O**ne sided – feedback should be a dialogue not a monologue

**W**affle – don’t be vague

**N**asty – don’t be overcritical or personal

**E**motional – don’t give feedback when you are angry! Calm down first

**R**andom – don’t give feedback without a definite aim or reason
A typical working week for a clinical pharmacist

<table>
<thead>
<tr>
<th>Date</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>26 June</td>
<td>Telephone consultations with patients</td>
<td>Dealing with prescription queries</td>
<td>Liasing with community pharmacies and surgery reception</td>
<td>Reconciliation medication changes set out in discharge letters</td>
<td>Telephone consultations with patients</td>
<td>Dealing with prescription queries</td>
<td>Face to face clinics for patients with long term conditions</td>
</tr>
<tr>
<td>2 July</td>
<td>Dealing with prescription queries</td>
<td>Reconciliation medication changes set out in discharge letters</td>
<td>Telephone consultations with patients</td>
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Yaksheeta Dave
Clinical pharmacists have shifted from a medicines management role to a new clinical role.

Pharmacists running clinics; identifying patients and booking own appointments.

My pharmacist has saved me between one and three hours/day (GP).

The clinical pharmacist has made a huge difference to the GP workload, really positive experience (practice manager).