**Cycle 1. Medicines safety**

**Reflection:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]</td>
</tr>
<tr>
<td>2.</td>
<td>I need to learn about this because...</td>
</tr>
</tbody>
</table>

1. I specifically need to learn about:
   - the common types of medication errors that occur,
   - why they occur, and
   - the most frequent drugs that are involved.

2. I need to learn about this because I have been asked to give a lecture to hospital pharmacists on medicines safety issues.

**Planning:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]</td>
</tr>
<tr>
<td>4.</td>
<td>I plan to complete the activity/activities by...</td>
</tr>
</tbody>
</table>

3. I plan to study the NICPLD e-learning course 'Improving Medicines Safety'.
4. I plan to complete this by the end of April 2017.

**Action:**
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

5. See activity table.

6. I learnt the following in relation to my learning needs:
   - medication incidents can occur during the prescribing, dispensing and administration of medicines. The most frequent types of medication incidents reported to the NRLS involve wrong doses, omitted or delayed medicines, and wrong medicines.
   - medication errors occur for a number of reasons including: misplaced decimal points, calculation errors, misinterpreted abbreviations, similar names and packaging, illegible writing, distractions, incorrect medication histories and transcription/communication errors. A study in the Irish Medical Journal found that approximately 5% of hospital prescriptions are illegible.
   - research by the Institute for Safe Medication Practices in the United States showed that the majority of medication errors resulting in death or serious injury were caused by a small number of high-risk medicines: insulin, opiates, intravenous strong potassium and anticoagulants.

Evaluation:

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]
   Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.
   Yes ☐ Tick the box

7. I have met my learning needs.

8. I have applied my learning by preparing and delivering a lecture on medication safety to hospital pharmacists. The material studied provided many useful examples of medication errors and drug calculations, which I included in my lecture.

9. It is evident that my original learning needs have been addressed within this cycle.
   Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.
   Yes ☑
Portfolio 2636 - Cycle 1. Medicines safety

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed the NICPLD e-learning course 'Improving Medicines Safety'.</td>
<td>24/04/2017</td>
<td>8hrs</td>
<td>MCQ printout &amp; lecture slides</td>
</tr>
</tbody>
</table>

Total Time Taken: 8hrs

Assessor comments:

This cycle has documented learning which is specific to your professional role.

In Reflection there is a clear statement of learning intent followed by bulleted specific learning needs.

In Planning you have recorded how to meet your learning needs.

In Action you have provided a brief summary of what you personally learnt. Your summary demonstrates depth of learning and relates to a specific learning need recorded in reflection. Your summary contains specific detailed examples (multiple) of personal learning.

In Evaluation you have recorded an outcome to your learning, delivering a lecture, which you have been able to complete as a result of undertaking this learning activity.

EACH learning need is clearly mapped through all stages of the CPD cycle with a clear application of learning relating to the identified learning need(s) recorded in the evaluation stage of the cycle.
Community pharmacy

Cycle 1. Diabetes MUR

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]
2. I need to learn about this because...

Reflection:
1. I specifically need to learn about:
   a. the drugs used in the management of patients with Type 1 diabetes.
   b. how to identify signs of hypoglycaemia, and
   c. how to treat a hypoglycaemic attack.
2. I need to learn about this because I wish to offer Diabetes MUR in Community Pharmacy. I need to ensure I am accredited to deliver this service.

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]
4. I plan to complete the activity/activities by ...

Planning:
3. I plan to attend the regional NICPLD course on Diabetes - supporting the delivery of MURs in Coleraine.
4. I plan to complete this activity on the 13 May 2017.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

**Action:**

5. See activity table.
6. In summary I have learnt the following in relation to my identified learning needs:

**a.** Insulin therapy can be broken down to 5 types, rapid-acting insulin analogues, soluble insulins, intermediate and long-acting insulins, prolonged action insulin analogues and biphasic insulin. Specifically, I learnt:
   - rapid acting insulin reduces the need for snacking between meals.
   - short acting insulin can be associated with nocturnal hypoglycaemia.
   - prolonged action analogues reduce the rate of minor episodes of hypo's or nocturnal hypos. Plus there is less weight gain.
   - biphasic insulins reduce the daily number of injections, but there is less flexibility as ratio of mixes is fixed.

**b.** Hypos are caused by too much insulin, missed/late meals, excessive energy expenditure, alcohol and warm weather. Alcohol can mask symptoms of a hypo by inhibiting gluconeogenesis in the liver. Early warnings include hunger pangs, shaking, pallor and sweating. Cognitive dysfunction includes mood changes, vagueness and uncoordinated movements.

**c.** Use a quick acting sugar - ideally a liquid. 100ml lucozade/ 4/6 dextrose sweets/200mls coke/ 25g pod of glucogel or about 5 soft sweets. Repeat after 5-10 minutes. If patient is unconscious give glucagon IM/SC/IV.
7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]
Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes       Tick the box

**Evaluation:**

7. Yes, I have fully met my learning needs.

8. I will apply my new learning when I undertake Diabetes MUR. I will be able to counsel all type one diabetics on their insulin regimen, encourage adherence and awareness of managing hypoglycaemic episodes.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes       ☑
Cycle 1. Diabetes MUR

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend NICPLD course on Diabetes MUR at Riddell</td>
<td>13/05/2017</td>
<td>2hrs</td>
<td>Attendance certificate and PowerPoint presentation with handwritten notes</td>
</tr>
<tr>
<td>Hall</td>
<td>- 13/05/2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Time Taken: 2hrs

Assessor comments:

This cycle has documented learning specific to your professional role.

This is an excellent example of the proper use of numbered bullets, a, b and c, in the Reflection stage of a CPD cycle and which you have mirrored exactly to your summary of learning in the Action stage again using a, b and c.

You have clearly identified learning needs, planned how to meet those needs, summarised your learning and demonstrated how you will apply this in your practice. Please note that best practice recommends that you should apply your learning in your practice.
Cycle 2. Lowering Risk in Methotrexate Dispensing

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

Reflection:
1. I would like to learn about the dispensing of Methotrexate.

Specifically, I need to learn about:
  • regional policy for prescribing
  • correct labelling for methotrexate
  • possible side-effects or red flags to be aware of in patients taking Methotrexate.

2. I need to learn this because Methotrexate is a high risk medicine and as use of the drug on the rise across the UK, it is likely I will see an increasing number of patients for whom the medicine is prescribed. It is important that I can ensure that medication is properly prescribed for these patients and that I can counsel them on safe use or possible side-effects of the medicine in order to improve their standard of care

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]

4. I plan to complete the activity/activities by...

Planning:
3. I plan to undertake the following activities to meet my learning needs:
   
a. attend NICPLD regional programme event; 'Managing High Risk Medicines in Primary Care' at Riddell Hall.
   b. study and make notes on BNF section on Methotrexate.

4. I plan to complete these activities by the end of March 2017.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

**Action:**
5. See activity table.
6. In summary I learnt the following in relation to my identified learning needs:
   - Methotrexate is used primarily as a disease modifying drug for the management of rheumatoid arthritis.
   - Regional policy dictates that prescribers should avoid using 10mg tablets unless a thorough risk assessment for the patient has been carried out.
   - The dose should be given in increments of 2.5mg tablets.
   - The dose should be given as 'ONCE WEEKLY' and state a specific day on which the tablet should be taken. Where possible this day should not be Monday as it could be read as morning.
   - Labelling should clearly state the number of 2.5mg tablets to be taken, the day on which to take them and the term 'once weekly'.
   - Terms such as 'when required' and 'as directed' should be avoided.
   - Can cause GI disturbances, ulceration and bleeding, renal failure, osteoporosis and SJS.
   - Patients should be warned to report any nausea/vomiting, sore throat, bruising or dark urine as these may be signs of liver or blood disorders.
   - Methotrexate excretion is reduced by NSAIDS and aspirin, and toxicity is greatly increased when taken along with Ciclosporin or Trimethoprim-containing medicines.

**Evaluation:**
7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]
   Revisit the 'reflection' stage and decide if you have fully met your learning needs.
   Yes [ ] Tick the box

8. I have applied my learning when I was able to counsel a patient who had come into the pharmacy looking to buy Ibuprofen for a cold (which included a sore throat). This patient was known to me and I knew that he took Methotrexate regularly. I enquired as to when his blood levels were last checked. He said that he was due to get his blood checked in a few weeks. However, I was worried that his sore throat may have been a sign of a blood disorder.
or abnormal Methotrexate levels so I referred him back to his GP to organise a blood test.

I have sufficiently developed my knowledge to allow me to deal with requests from patients for information about Methotrexate.

I would be able to recognise incorrect prescribing and ensure that new patients are adequately advised on their treatment.

9. It is evident my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes

Cycle 2. Lowering Risk in Methotrexate Dispensing

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend NICPLD regional programme event; 'Managing high risk medicines in primary care' at Riddell Hall</td>
<td>06/03/2017 - 06/03/2017</td>
<td>2hrs</td>
<td>NICPLD courses certificate Hand-outs with annotated notes</td>
</tr>
<tr>
<td>Study BNF section on Methotrexate and make notes</td>
<td>09/03/2017 - 09/03/2017</td>
<td>1hr</td>
<td>Notes on BNF section</td>
</tr>
</tbody>
</table>

Total Time Taken: 3hrs

Assessor comments:

In Reflection you have clearly identified specific learning needs.

In Planning you have provided sufficient details to allow an assessor to source that specific learning activity.

In the Action stage you have provided a brief summary of what was actually learnt demonstrating a depth of learning.

The Evaluation stage has clearly shown how you have been able to apply your learning to your practice.
Cycle 3. Understanding Palliative Care

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

Reflection:
1. I would like to learn more about my role as a pharmacist in the provision of palliative care.

Specifically I need to learn about:
- symptoms experienced by patients in palliative care
- understand types of pain and the medicines used in management of pain
- identify ways to prevent and treat nausea and constipation.

2. I need to learn about this because pharmacists represent an important resource in the provision and giving advice on the use of palliative care medicines. Due to our proximity to our health centre district nurses often come to us to obtain medicines for patients in palliative care scenarios. Therefore, it is important that I am well informed on the potential problems patients may experience and that I can advise patients on the use of medicines used to manage these problems.

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]

4. I plan to complete the activity/activities by ...

Planning:
3. I plan to undertake the following activities to meet my learning needs:

a. I will attend the NICPLD regional programme event 'Palliative care-Part 1' at Riddell Hall
b. I will attend the NICPLD regional programme event 'Palliative care-Part 2' at Riddell Hall

4. I plan to complete these activities by the end of November 2016.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

**Action:**

5. See activity table.

6. In summary, I learnt the following:
   - common life-limiting symptoms in palliative care are; fatigue, pain, appetite and weight loss, low mood, breathlessness, constipation and nausea.
   - pain can be broken down into two primary classes; nociceptive (identified lesion causing pain) and neuropathic pain (damage to nerve) and severity should be based on a patient's own assessment.
   - pain management should follow the 'Analgesic ladder'. Step one is paracetamol or NSAIDs. If control is not achieved weak opioids such as codeine, dihydrocodeine and tramadol can be added. Finally if control is not achieved then strong opioids such as morphine, diamorphine, oxycodone or fentanyl can be added. There is no evidence to show superiority of one strong opioid over others.
   - nausea is a common issue in palliative care. Domperidone and metoclopramide are used due to their pro-kinetic effects. Cyclizine is an anti-emetic of choice but should be avoided in those with known heart disease or rhythm disturbance.
   - laxatives such as Lactulose® and macrogols are used to prevent and treat constipation by drawing water into the bowel to soften the stools, making them easier to pass.

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes [ ] Tick the box
Evaluation:

7. I have fully met my learning needs.

8. I have applied my learning needs in the pharmacy.

I was able to counsel a patient on the use of a new strong opioid in their palliative care management plan. The patient had never taken morphine before and was worried about side-effects. I was able to explain that the doctor had started Lactulose® and prescribed cyclizine to be taken 'when required' to help limit her side-effects, and that any other emerging issues could be managed. I feel that I have improved my knowledge on palliative care and would be able to counsel other patients on any issues they might experience.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes ✔
Cycle 3. Understanding Palliative Care

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended NICPLD regional programme event 'Palliative Care - Part 1' at Riddell Hall</td>
<td>14/11/2016 - 14/11/2016</td>
<td>2hrs</td>
<td>Course hand-outs with annotated notes. NICPLD course certificate</td>
</tr>
<tr>
<td>Attended NICPLD regional programme event 'Palliative Care - Part 2' at Riddell Hall</td>
<td>21/11/2016 - 21/11/2016</td>
<td>2hrs</td>
<td>Course hand-outs with annotated notes. NICPLD course certificate</td>
</tr>
</tbody>
</table>

Total Time Taken: 4hrs

Assessor comments:

In Reflection you have clearly identified specific learning needs.

In Planning you have provided sufficient detail to allow an assessor to source that specific learning activity.

In the Action stage you have provided a brief summary of what was actually learnt demonstrating a depth of learning.

The Evaluation stage has clearly shown how you have been able to apply your learning to your practice.
Cycle 4. Update on Weight Management

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

Reflection:

1. I specifically need to learn:

   • what weight management products are available and who they would be suitable for.
   • counselling techniques that would be appropriate when dealing with the sensitive issue of weight management.
   • appropriate advice that should be given to patients when asked about assisting weight loss.

2. I need to learn about this because I have increasingly been asked for advice in relation to weight loss. These requests have been more numerous as summer approaches and obesity has been highlighted as the greatest public health problem of the 21st century due to its contribution to other health issues such as diabetes and heart disease. I need to know and have the appropriate information to help my customers succeed and ensure they receive the correct support and advice.

Planning:

3. I plan to review general sale, over the counter and prescription only medicine weight management products. I will also complete the NICPLD printed course ‘Weight Management – Understanding the Causes, Prevention, Assessment and Management of Obesity’.

4. I plan to complete these activities by the end of May 2017.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs … [ESSENTIAL]

**Action:**

5. See activity table.

6. I reviewed the products stocked for weight loss - none can be used in under 18 years or in pregnant or breast feeding women.

In summary I learnt the following:

- Adios (GSL) – herbal aid, cannot be used by anyone taking oral anticoagulants or by anyone who has a thyroid disorder.
- XLS Medical (GSL) – 2 types available, a fat binder or carb blocker which reduces the calories absorbed from either dietary fat or carbohydrates.
- Lineslim (GSL) – contains garina ambogia a fruit that supports weight control by helping you eat less.
- Slim Fast (GSL) – meal replacement.
- Orlistat (60mg P/120mg POM) – inhibits breakdown of dietary fat and is contraindicated in people with chronic malabsorption of cholestasis.
- It is important to assess a patient’s readiness for change using the stages of change model. Combining this with motivational interviewing using open questions, reflecting on what the patient has said, and attempting to identify resolutions to barriers - change can be achieved.
- The mainstay of weight loss is increasing exercise to the minimum daily recommended of 30 mins for adults and 60 mins for children, eating 3 regular meals of correct portion size and constitution, healthy snacks e.g. fruit and drinking 2L of water.

**Evaluation:**

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) … [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes [ ] Tick the box
7. The training has fully met my learning needs.

8. I have applied my learning when I counselled a patient in relation to losing weight. I used the stages of change model to find where they were in the planning stage and if they required guidance on how they should proceed. I explained the importance of physical activity and used the eat well plate to describe a balanced diet, containing 5 main food groups to show the proportion of each that constitutes a well-balanced diet.
   - Bread, Rice and Potatoes – 1/3 of daily volume.
   - Fruit and Vegetables – 1/3 of daily volume.
   - Milk and dairy products – 1/6 of daily volume.
   - Meat, Fish, Eggs and Beans – up to 1/6 of daily volume.
   - Foods high in fat and/or sugar – no more than 1/12 of daily volume.

The customer thanked me for the support they received and said they would consider the advice given when planning their meals for the week.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if I have fully met my learning needs.

Yes ☑

### Cycle 4. Update on Weight Management

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research GSL, OTC and POM products available to support weight management.</td>
<td>28/04/2017 - 28/04/2017</td>
<td>2hrs 30mins</td>
<td>Notes and printed downloads from internet.</td>
</tr>
<tr>
<td>Complete NICPLD printed course 'Weight Management - Understanding the Causes, Prevention, assessment and Management of Obesity'.</td>
<td>28/04/2017 - 15/05/2017</td>
<td>10hrs</td>
<td>NICPLD certificate of completion.</td>
</tr>
</tbody>
</table>

Total Time Taken: 12hrs 30mins
**Assessor comments:**

You have chosen to document each stage of the cycle using bulleted points. This has the advantage of summarising quite a lot of information in a succinct way.

In Action you have provided a brief summary of what you personally learnt. Your summary demonstrates a depth of learning and relates to a specific learning need recorded in reflection. Your summary contains specific detailed examples (multiple) of personal learning.

In Evaluation you have demonstrated a change in practice as a result of undertaking this learning activity when you record that you have counselled a patient on losing weight.

EACH learning need is clearly mapped through all stages of the CPD cycle with a clear application of learning relating to the identified learning need(s) recorded in the evaluation stage of the cycle.
Cycle 1. Pre-filled syringes

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]
2. I need to learn about this because...

Reflection:
1. I specifically need to learn:
   - the benefits of using pre-filled syringes to improve safety
   - the barriers to introducing pre-filled syringes to practice.
2. I need to learn about this because I am involved in obtaining ‘ready to administer’ injectable magnesium sulphate products - one strength would present in a pre-filled syringe, and also ‘ready to administer’ insulin 50 units in a 50 ml syringe.

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]
4. I plan to complete the activity/activities by ...

Planning:
3. I plan to attend the annual conference in London on Injectable Medicines where two speakers discuss the benefits of prefilled syringes and the barriers to their introduction.
4. I plan to complete this activity by 10 October 2016.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

**Action:**

5. See activity table.
6. In summary I learnt the following in relation to my identified learning needs.

**A. Benefits of prefilled syringes are:**

- they contain the correct drug and the correct label. There is wide variability in concentration of products made up at ward level.
- there is less contamination with their use
- it saves nurses’ time on a busy ward
- a more stable presentation of the product formulation
- can guide choice of medicine and strength, clinician more likely to use prefilled product if available.

**B. Barriers to introducing pre-filled syringes are:**

- the change management process can be challenging due to the time and effort involved in making the change
- stability data - absent or short expiry date
- cost – additional costs can impact on other areas of the budget for the Trust
- QA mechanism needs to be robust in order to detect and prevent any quality issues with the product before it reaches the patient
- logistics with packaging - waste / storage, are any modifications required to current storage arrangements
- manufacturer concerns e.g. licensing, compatibility of devices, quality of label, scalability, availability and continuity.

**Evaluation:**

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes □ Tick the box
7. I have met my learning needs.

8. I have used my knowledge of the advantages of pre-filled syringes to develop a business case for their introduction to the Trust. The business case was accepted for funding by the Trust in early 2017.

9. It is evident that my original learning needs have been addressed within this cycle. Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

   Yes [✓]

**Cycle 1. Pre-filled syringes**

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
</table>

**Total Time Taken:** 4hrs
**Assessor comments:**

In Reflection you have identified specific learning needs.

You have chosen to document each stage of the cycle in bulleted points. This has the advantage of summarising quite a lot of information in a succinct way.

In the Activity Table make sure you provide enough information so an assessor can access the learning, for example, when was the conference held and who was it run by?

In Evaluation you have provided a clear application of learning detailing a positive outcome.
Cycle 2. Infection Control Training

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

Reflection:
1. I need to ensure that my knowledge of Infection control in the Hospital environment is up to date. I specifically need to learn:
   
   - what are the recommended standard infection control precautions I need to use when working in a clinical area within the hospital.
   - how can I identify patients who have additional precautions in place due to an increased risk of infection.
   - what additional precautions do I need to take when working in the area of a patient known to be an infection risk e.g. MRSA.

2. I need to learn about this because the staff team has a responsibility to ensure they are complying with the Trust Infection Control Policy and as I regularly work in a clinical area I need to ensure my knowledge is up to date.

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]

4. I plan to complete the activity/activities by ...

Planning:
3. In order to meet my learning needs I plan to attend Tier 2 Infection Prevention and Control Training provided by the Trust Infection Control Nurse at a hospital in the Trust.
4. I plan to attend this training in September 2016.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs … [ESSENTIAL]

Action:

5. See activity table.

6. I attended the Infection Control training session which was specifically tailored for Pharmacy staff by a Senior IPCN in the Trust. The session consisted of a presentation, practical demonstration of hand washing technique, and question and answer session.

In summary I learnt the following in relation to my identified learning needs:

- the standard precautions I need to take when working in a clinical area include disinfecting my hands with alcohol gel, regularly washing my hands using soap and water in the correct way (as demonstrated by the IPCN), complying with the 'bare below the elbow' policy i.e. no long sleeved clothes to be worn and no jewellery. Nails should be kept short and no nail varnish to be worn.
- patients who have been classified as high infection risk will be in either cohort bays or single rooms. There will be a laminated 'Infection Risk' sign on the room/bay door to identify them. Their medical notes will also be marked with an infection control sticker.
- on entering the room/bay of a patient with 'Infection Risk' sign I must put on a yellow apron and gloves. These should be disposed of before leaving the area and hands washed.

Evaluation:

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) … [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes ❑ Tick the box

7. I have fully met my learning needs.
8. I have applied my learning when working in the ward environment in the following ways:

- using Cutan® gel to disinfect my hands on entering and leaving the ward and between working with every patient. Ensuring I comply with 'bare below the elbow policy' by not wearing any jewellery to work - I had sometimes forgotten to remove my watch at work but am now doing this.
- actively looking for 'Infection Risk' signage before entering any bays/patients rooms
- ensuring that I always wear appropriate PPE e.g. gloves when working with infected patients.

Employing these measures means I am complying with the Trust Policy on Infection Prevention and Control and minimising risk to patients.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes ☑
What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended Trust Tier 2 Infection Prevention and Control Training session</td>
<td>16/09/2016 - 16/09/2016</td>
<td>1hr</td>
<td>Certificate of attendance</td>
</tr>
</tbody>
</table>

**Total Time Taken: 1hr**

**Assessor comments:**

This cycle has documented learning specific to your professional role.

You have clearly identified learning needs, planned how to meet those needs, summarised your learning and demonstrated how you have applied this in your practice.

In Action, you have complied with best practice when you did not mention the specific names of colleagues but instead used their job titles.
Cycle 3. MEDREC

1. I specifically need to learn … (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

Reflection:
1. I specifically need to learn:
   - how to access the MEDREC computer programme
   - how to enter Drug Histories on the system, reconcile medicines with current kardex, and print MEDREC for patients notes.
   - how to use MEDREC to pull information across to Patient Centre to produce a discharge prescription.

2. I need to learn this because the MEDREC computer programme has replaced handwritten Drug History and Medicines Reconciliation Forms on the hospital site and is now being rolled out to my site also. I will be required to use this programme to generate medicines reconciliation paperwork once trained in its use.

3. I plan to undertake the following activities to meet my learning needs(s) … [ESSENTIAL]

4. I plan to complete the activity/activities by …

Planning:
3. I plan to attend training sessions on the MEDREC computer programme at the hospital and read the Trust SOPs relating to the procedure.

4. I plan to complete this by mid-March 2017.
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... [ESSENTIAL]

Action:

5. See activity table.

6. The training included using a training account on the MEDREC system.

In summary I learnt the following in relation to my identified learning needs:

- the system is accessed via the Trust intranet, and is located in the 'Trust Information Systems' drop down menu. It is password protected.
- an accurate patient’s drug history must be obtained as normal using ECS and other sources. The medication should be reconciled with the inpatient kardex before entering the data because if medicines reconciliation has not been completed you are unable to proceed to 'discharge' stage later. Ideally all queries should therefore be resolved before entering and printing the MEDREC form as a 'Word' document. The system links to PAS so you can select the correct patient. Drugs are entered individually into a table format -selected from a drop down menu.
- at discharge stage the original MEDREC form can be pulled across into Patient Centre by simply copying and pasting and can then be amended.
Evaluation:

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes ✔ Tick the box

7. I have fully met my learning needs.

8. I have applied my learning as follows:
   - I am now able to access the MEDREC computer programme using my own individual password.
   - I am now using MEDREC to document patients’ drug histories and reconcile medication instead of handwriting the information. Using the MEDREC format takes a bit more time, but the compulsory fields which must be completed ensure that no information is overlooked and that the final print which goes into the patients’ notes is legible and complete.
   - I know how to pull information from MEDREC into Patient Centre in order to use this to generate the discharge prescription. I have not yet started to do this in practice but when I do start it will save time as the Drug History information can be updated to track changes re meds in hospital rather than re-typing all this information again.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes ✔
Cycle 3. MEDREC

What activity/activities did I undertake to meet this learning need?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Taken</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended 1st Training Session on MEDREC</td>
<td>11/02/2017 - 11/02/2017</td>
<td>1hr</td>
<td>Copies of Training material and notes made</td>
</tr>
<tr>
<td>Used 'practice' software - Admission stage on Trust Intranet</td>
<td>11/02/2017 - 11/02/2017</td>
<td>20mins</td>
<td>Copies of Training material and notes made</td>
</tr>
<tr>
<td>Attended 2nd Training session on MEDREC - Discharge stage on Trust Intranet</td>
<td>04/03/2017 - 04/03/2017</td>
<td>1hr</td>
<td>Copies of Training material and notes made</td>
</tr>
<tr>
<td>Read MEDREC SOP</td>
<td>11/02/2017 - 11/02/2017</td>
<td>15mins</td>
<td>Copy of SOP</td>
</tr>
</tbody>
</table>

Total Time Taken: 2hrs 35mins

Assessor comments:

In Reflection you have clearly identified specific learning needs.

In Planning you have provided sufficient details to allow an assessor to source that specific learning activity.

In the Action stage you have provided a brief summary of what was actually learnt demonstrating a depth of learning.

In the Activity Table make sure you provide enough information so an assessor can access the training, for example, provide the website address.

The Evaluation stage has clearly shown how you have applied your learning to your practice.
Industry

Cycle 1: Elemental impurities

1. I specifically need to learn ... (list specific learning need(s)) [ESSENTIAL]

2. I need to learn about this because...

1. I specifically need to learn:
   
   a. what are elemental impurities?
   b. how can elemental impurities be introduced into pharmaceutical drug products?
   c. why do elemental impurities need to be controlled in drug products?
   d. how will the new ICH guidance control elemental impurities in drug products?

2. I need to learn about this because the new ICH Guideline on Elemental Impurities (ICH Q3D) comes into force for new products from June 2016 and all pharmaceutical drug products on the market must comply with the guideline from December 2017. I will need to be aware of how this new guidance will affect current and new Marketing Authorisations in order to comply with ICH Q3D within the appropriate timeframe.

Planning

3. I plan to undertake the following activities to meet my learning needs(s) ... [ESSENTIAL]

4. I plan to complete the activity/activities by ...

3. I plan to read and review:
   
   a. ICH Q3D "ICH Harmonised Guideline: Guideline for Elemental Impurities Q3D; 16 Dec 2014"
   b. EMA/CHMP/QWP/109127/2015"CHMP: Elemental Impurities in Marketed Products, Recommendations for Implementation"

4. I plan to complete the activities by 27 May 2016.

Action
5. Provide detail of the learning activity/activities in the activity table...

6. In summary, I learnt the following in relation to my identified learning needs ... 
[ESSENTIAL]

5. See activity table.

6. In summary I have learnt the following in relation to my identified learning needs:

a. Elemental impurities are metal impurities in pharmaceutical drug products
b. Elemental Impurities can be introduced into drug products from several sources such as metal catalysts, metal reagents used during synthesis of the API and excipients, impurities from manufacturing equipment, process water or from the container closure system

    c. Until now these elemental impurities have been limited by the E.P. test to a limit of 10ppm. However, this is not now considered to be adequate to control levels of potentially toxic elements and needs to be replaced by new analytical methods using modern instrumentation.

    d. ICH Q3D imposes limits for a total of 24 heavy metals used in pharmaceuticals based on classification of metal residues in four categories depending on their risk to human health.

        Class 1 - significant toxicity e.g. lead.
        Class 2 - toxicity is based on route of administration e.g. cobalt.
        Class 3 - relatively low toxicity e.g. nickel.
        Class 4 - low inherent toxicity e.g. zinc.

This ICH guidance ensures that Marketing Authorisation Holders (MAHs) have a responsibility to conduct a risk assessment for each product, identifying all potential sources of metal contamination. The risk assessment should form the basis for a control strategy that is able to ensure compliance with the permitted daily exposures to each metal, as per ICH Q3D. A variation may be required to the MA.

Evaluation

7. Have I fully met my learning needs?
8. I have applied OR I will apply my new learning in the following scenario (provide an example (s)) ... [ESSENTIAL*]
9. It is evident that my original learning needs have been addressed within this cycle. [ESSENTIAL]
Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

    Yes \[\] Tick the box

7. Have I fully met my learning needs?
Yes I have fully met my learning needs.

8. I will apply my need learning in the following scenario:
I will be responsible for co-ordinating the collation of risk assessments for Elemental Impurity content for each licensed product for which we are MAH. In addition, once the risk assessments are collated, I and my colleagues will be responsible for assessing each risk assessment, in line with ICH Q3D, to evaluate if any addition action such as a variation to the licence is required. My new learning allows me to understand the requirements of the ICH legislation and to allow me to understand more fully how we can ensure compliance.

9. It is evident that my original learning needs have been addressed within this cycle.

Revisit the ‘reflection’ stage and decide if you have fully met your learning needs.

Yes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Duration</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Read and reviewed Guideline ICH Q3D</td>
<td>25/05/2016</td>
<td>27/05/2016</td>
<td>3:30</td>
<td>Notes of review</td>
</tr>
<tr>
<td></td>
<td>Read and reviewed EMA/CHMP/QWP/109127/2015</td>
<td>26/05/2016</td>
<td>26/05/2016</td>
<td>0:30</td>
<td>Notes of review</td>
</tr>
</tbody>
</table>

Assessor’s comments

In Reflection you have clearly identified specific learning needs.

In Planning you have provided sufficient details to allow an assessor to source that specific learning activity.

In the Action stage you have provided a brief summary of what was actually learnt demonstrating a depth of learning.

In the Activity Table make sure you provide enough information so an assessor can source the learning, for example, provide the website address.

The Evaluation stage you have clearly shown how you will apply the learning to your practice.