



THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME



This module is suitable for use by pharmacists as part of their continuing professional development. After reading this module, complete the learning scenarios and post-test at www.pharmacymag.co.uk and include in your CPD portfolio. This module should be read in conjunction with the Management of Long-Term Conditions feature on asthma in the August issue of Pharmacy Magazine

MODULE 191

Welcome to the one hundred and ninety first module in the *Pharmacy Magazine* Continuing Professional Development Programme, which looks at asthma, the new medicine service and targeted MURs. It is valid until August 2014.

Continuing professional development (CPD) is a mandatory requirement for pharmacists. Journal-based educational programmes are an important means of keeping up-to-date with clinical and professional developments and form a significant element of your CPD. Completion of this module will contribute to the nine pieces of CPD that must be recorded a year.

Before reading this module, test your existing understanding of the topic by completing the pre-test at www.pharmacymag.co.uk. Then after studying the module in the magazine, work through the six learning scenarios and post-test on the website. Record your learning and how you applied it in practice using the CPD report form, available online and on pviii.

Self-assess your learning needs:

- Are you familiar with the recent update to the BTS guidelines on asthma management for both adults and children?
- Do you know how asthma fits into the new medicine service and targeted MURs?

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CURRENT THINKING ON...

ASTHMA, THE NEW MEDICINE SERVICE AND TARGETED MURS

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Introduction

Asthma is common – 5.4 million people in the UK are diagnosed as having the condition. What this means is that one in 12 adults and one in 11 children have asthma. Approximately 1,100 deaths each year are caused by asthma, many due to poor compliance with medication.

Asthma is poorly controlled in the UK and it is estimated that seven out of 10 people with asthma experience symptoms and subsequent asthma attacks that limit their everyday activity and disturb their sleep. Over 1.1 million working days are lost due to asthma every year.

Treatment costs the NHS approximately £1 billion per year, with much of this expenditure in primary care. A patient whose asthma is not controlled and who experiences acute asthma

attacks costs the NHS three-and-a-half times more per year than a patient who is controlled. It is therefore beneficial to both patients and the NHS if asthma patients are well controlled.

Medicines use reviews (MURs) are an opportunity to:

- Assess a patient's knowledge of his/her medicines and help develop that knowledge in order to improve health outcomes and concordance
- Identify if a patient is experiencing any difficulties taking his/her medicines
- Check if any side-effects are present.

MURs are an effective way of providing additional patient care and reviewing the concordance of people with asthma, with the aim of improving symptom control and quality of life.

FOR THIS MODULE

pharmacy MAGAZINE
FIRST IN PROFESSIONAL & BUSINESS DEVELOPMENT

GOAL: To provide an overview of asthma management and explain the role the NMS and tMURs can play in maximising treatment benefit.

OBJECTIVES: After completing this module, pharmacists should be able to:

- Define asthma and recognise symptoms and causes
- Understand the aims and principles of asthma management
- Explain how the NMS and MURs can benefit a patient with asthma.



And now the imminent introduction next month of the new medicine service (NMS) gives pharmacists the opportunity to:

- Support patients newly prescribed treatment for their asthma
- Ensure they understand what their new treatment is for and how to use it
- Ensure they are not experiencing any early problems or issues.

Understanding asthma

Asthma is a chronic inflammatory disease of the lungs with characteristic symptoms of:

- Cough and/or wheeze
- Dyspnoea (shortness of breath)
- Chest tightness.

The causes of asthma are not fully understood. However it is often triggered by a variety of stimuli (trigger factors) including:

- Allergens (e.g. pollen, house dust mites, animals and fungi)
- Viral infections
- Atmospheric pollutants (e.g. diesel fumes)
- Emotions (e.g. stress)
- Drugs (e.g. beta-blockers)
- Exercise.

Symptoms experienced as a result of these stimuli are commonly worse at night and in the early morning, with the patient presenting only with a cough. If a patient experiences an asthma attack, he/she will have increased expiratory time and reduced chest expansion.

It has been found that people with asthma exhibit atopy (eczema, allergic rhinitis) and readily produce immunoglobulin E (IgE)-type antibodies in response to allergens. These antibodies become attached to the mast cells of the bronchi in the lungs, causing cell degranulation and the release of mediators, such as histamine and leukotrienes. This results in localised inflammation and cell damage. The hyper-responsive airways then exhibit bronchoconstriction, which in turn obstructs airflow leading to symptoms of asthma.

Classification

Asthma can be classified into two main types – extrinsic and intrinsic.

Extrinsic asthma (atopic) commonly occurs in the first few years of life and tends to resolve as the patient gets older. The reaction occurs due to an allergen being inhaled. This form of asthma is thought to be genetically linked and many patients will also suffer from other atopic conditions, such as eczema and hayfever.

Intrinsic asthma (non-atopic) normally affects older people, with onset commonly occurring between 30-40 years of age. This form of asthma tends to be chronic in nature (i.e. people suffer for the rest of their lives).

Asthma management

The main aim of asthma management is symptom control which, if achieved, should result in the prevention of exacerbations, the maintenance of normal activity levels and a reduction in the number of days absent from school or work. Pharmacotherapy and self-care is often required, but, most importantly, patient co-operation is needed in order to achieve these aims.

Pharmacological treatments

Drug therapy is an essential element in the management of asthma as there is currently no cure. A large range of medicines exist and the importance of educating the patient is widely accepted. However many patients still suffer symptoms which could be avoided.

Two of the main causes of poor symptom control are due to:

- A lack of understanding of the prescribed medicine
- Poor inhaler technique, leading to ineffective inhaler use.

These key areas can be addressed by a pharmacist at a medicines use review (MUR). With this in mind, the following are examples of different drugs used in asthma treatment. For further information refer to the current BNF or the relevant SPC.

Bronchodilators

Bronchodilators help to tackle the symptoms of asthma by relieving the bronchoconstriction, but they do not have an effect on the actual

cause of the disease. These can be classified as short-acting or long-acting beta₂-agonists, antimuscarinics and theophylline.

Short-acting beta₂-agonists

All patients with asthma should have a short-acting beta₂-agonist inhaler (e.g. salbutamol) for immediate relief of asthma symptoms. These are commonly known as ‘relievers’, or referred to as the ‘blue’ inhaler; but not all relievers are blue.

Long-acting beta₂-agonists

Long-acting beta₂-agonists, such as salmeterol, are normally used as prophylactic therapy, in conjunction with an inhaled corticosteroid. Salmeterol should not be used to relieve an asthma attack due to its slower onset of action. However, formoterol is licensed for short-term relief, as it has a similar speed of onset of action as salbutamol.

Antimuscarinics

Antimuscarinics, such as ipratropium, have been shown to be of little value in the management of chronic asthma and are regarded as being more effective in relieving bronchoconstriction associated with chronic obstructive pulmonary disease (COPD) than for treating asthma.

Theophylline

Theophylline is generally used as add-on therapy. It has a narrow therapeutic range of 10-20mg/l, which can be affected by enzyme inhibitors and inducers.

Prophylactic therapy

Prophylactic inhalers, such as beclometasone, are known as ‘preventers’ and are usually brown, red or orange. They should be used on a regular basis to enable their protective effect to build up, and reduce the risk of exacerbations. Alleviation of symptoms usually occurs three to seven days after initiation.

Aims of asthma management

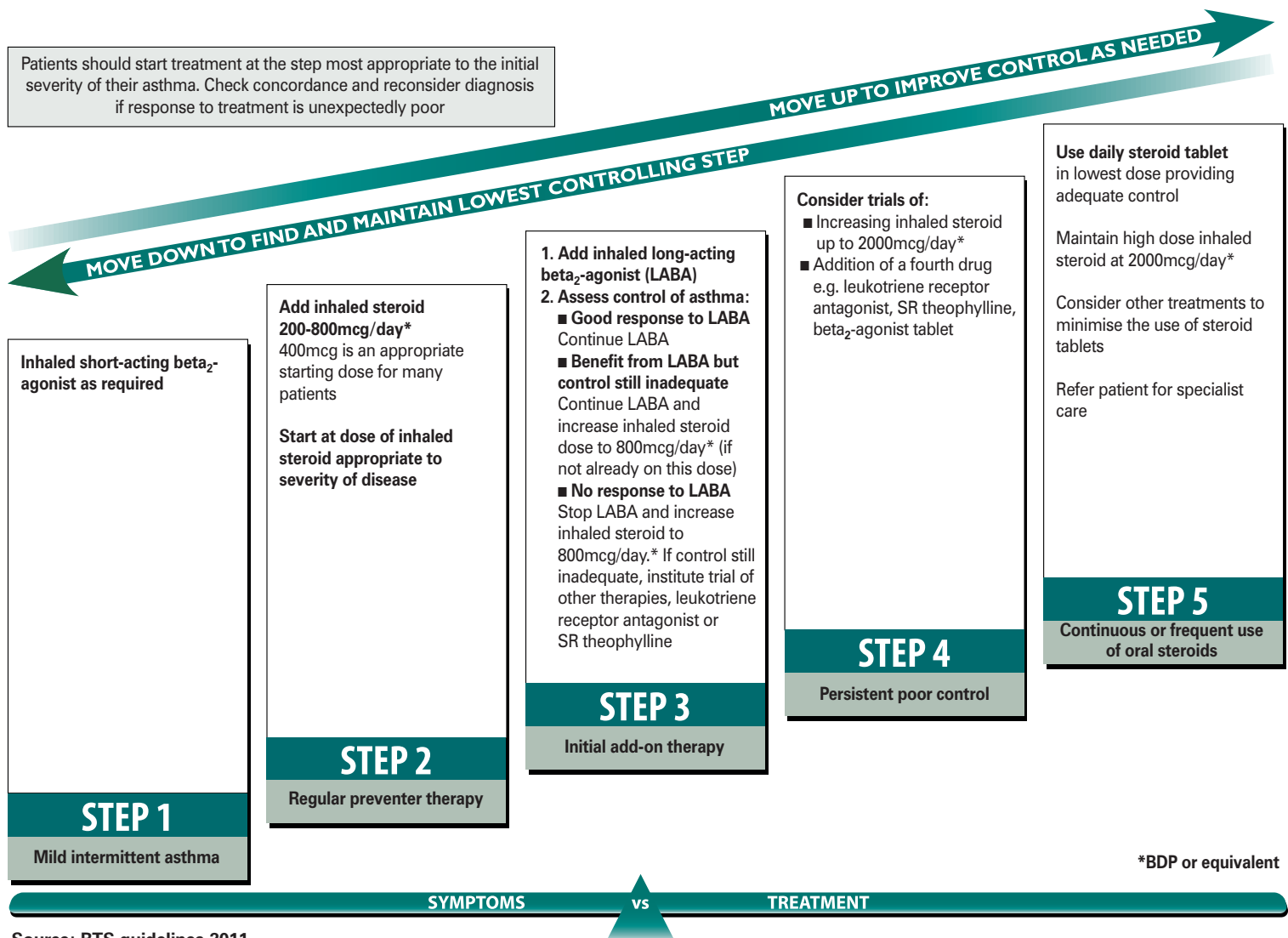
The aims of asthma management are to:

- Control symptoms (including nocturnal and exercise-induced asthma)
- Prevent exacerbations
- Achieve best possible lung function
- Minimise side-effects from asthma therapy
- Enable normal physical activity
- Reduce the risk of a severe asthma attack.

Countdown to the New Medicine Service



Table 1: Summary of stepwise asthma management in adults



Corticosteroids

Corticosteroids, both inhaled and oral, reduce airway inflammation by inhibiting inflammatory cells and inflammatory mediator release and stimulating lipocortin and beta₂-receptor protein reduction (i.e. reducing oedema and secretion of mucus).

Chromones

Chromones, such as nedocromil, are usually used as add-on therapy. Their mode of action is unclear, but they appear to prevent the release of mediators through mast cell

stabilisation. Chromones are of particular value in the prevention of exercise-induced asthma.

Other treatments

Leukotriene receptor antagonists, such as montelukast, act by blocking the inflammatory mediators (leukotrienes) through antagonism at their receptor site, resulting in less bronchoconstriction, and reduced mucus secretion and eosinophil infiltration. They are used in add-on therapy and are of particular value in preventing exercise-induced asthma.

Management of chronic asthma

In 2003, the British Guidelines on the Management of Asthma were published jointly by the British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN). They were updated in May 2011.

These guidelines are based on clinical evidence from the patient's asthma nurse or doctor and cover treatment for both adults and children. Treatment should be started at the step most appropriate to initial severity.

The guidelines for adults (Table 1) follow a stepwise approach, where treatment can be

Reflection exercise 1

Medicines are an essential part of treating asthma and the provision of MURs ensures patients are getting the most from their medication. It is important you understand the treatments that are available and when they should be used. Consider the following:

- Do you understand the British Thoracic Society guidelines for asthma and when each inhaler type should be used?
- Do you understand the step-wise approach to asthma treatment?
- Are you able to identify whether a patient with asthma is controlling his/her symptoms effectively?



stepped up and down depending on guidance. For further information, refer to the current BNF or relevant SPC.

The stepwise approach for children (see Table 2) is similar to that of adults apart from the dose of the inhaled corticosteroid. This CPD module does not cover guidance for children under five years of age.

ASTHMA PATIENTS AND THE NEW ADVANCED SERVICES

The new medicine service

The new medicine service (NMS), introduced next month, recognises the role of early interventions to help improve a patient's adherence with his/her medicines. Many patients experience early issues with their medicines including side-effects, forgetting to take the medicine or potentially deciding not to take the medicine. The service covers new medicines prescribed across four therapeutic areas including asthma.

Following initial counselling, the NMS has two interventions scheduled within the first month of a new medicine being dispensed; a consultation seven to 14 days following the

new medicine being dispensed and a further follow-up between days 21 and 28. These offer the opportunity to provide timely advice and support to patients by identifying any specific issues or questions patients may have about their medication and providing appropriate solutions and answers to help address them before they result in non-adherence.

During each of the interventions you will be using a series of questions that are designed to gain as much information as possible from the patient, allowing you to assess the most appropriate support required.

As this is a new service you may want to consider each step and how you are going to deliver this within your pharmacy. Points for consideration include:

Patient recruitment

■ How are you going to identify patients on new asthma medicines?

Review your dispensing procedure and identify the most appropriate point at which patients could be identified

■ Think about the initial advice and counselling you are going to provide to the patient when you hand over the new medicine – what

information are you going to highlight? Is this an opportunity to refer to the patient information leaflet?

■ How are you going to explain the service in a way in which the patient will see the benefits and consent to join?

First intervention

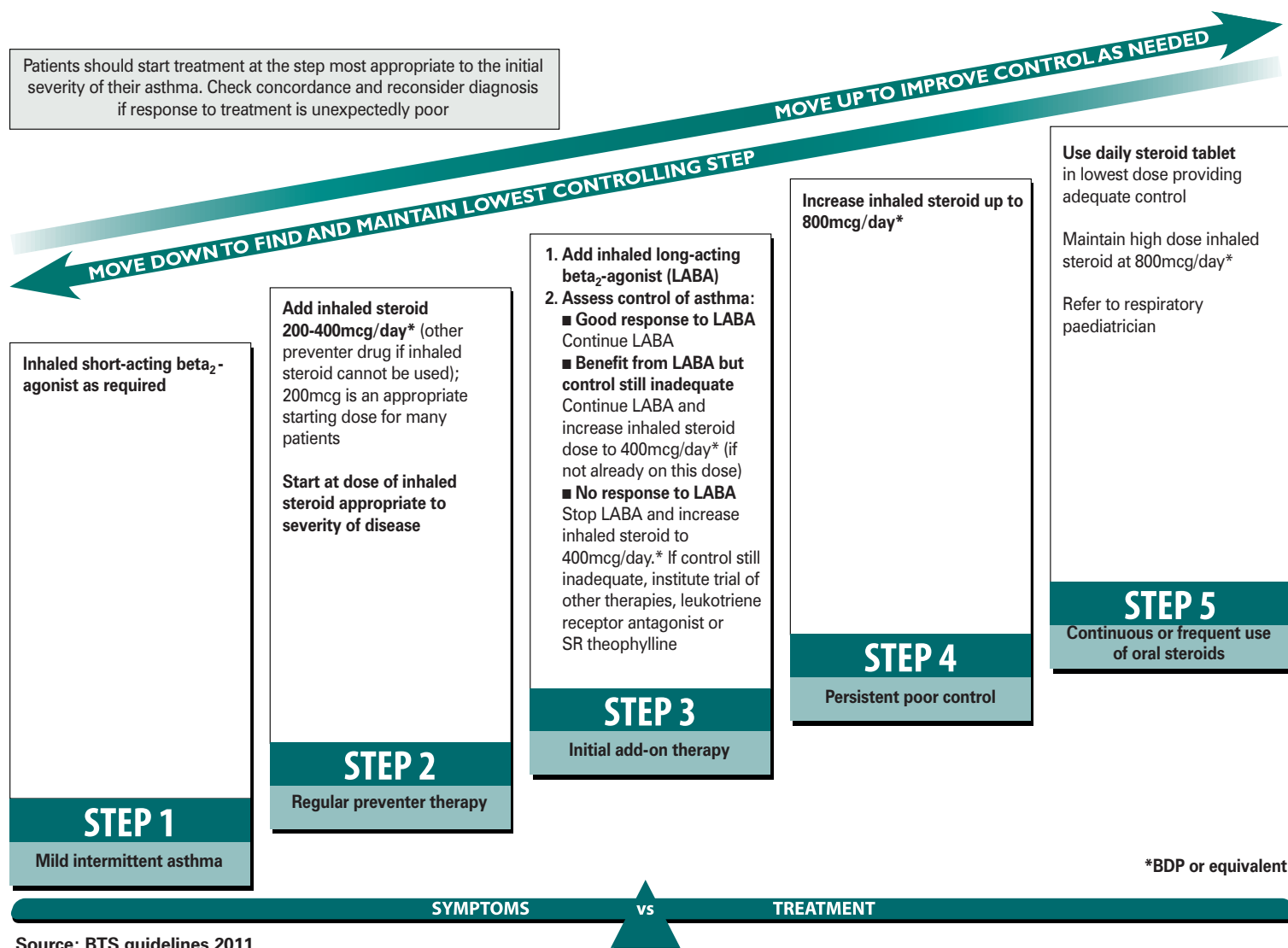
■ Is the patient returning to the pharmacy or will the intervention be carried out via a telephone conversation?

■ While the questions are structured in a certain format, consider how you are going to ask them – you want the patient to feel that he/she can be open and honest with the answers

■ Think about the initial problems patients on asthma treatment are likely to experience:

- Difficulty using their inhaler – which could result in them feeling little benefit. Ask the patient to demonstrate how he/she uses the inhaler. If the conversation is happening over the phone, ask the patient to talk through each step taken when using the inhaler (if this is unclear you may need to consider asking them to come into the pharmacy)
- Concerns about side-effects – a common issue with corticosteroid inhalers

Table 2: Summary of stepwise asthma management in children aged 5-12 years



Source: BTS guidelines 2011

- Unclear about when inhalers should be used, leading to over-use of relievers and potential under-use of preventers
- Provide appropriate support and advice, agree actions and confirm that the patient understands them.

Follow-up

- Remember to review previous actions agreed at the intervention stage and use the structured questions to find out if any other issues or concerns have arisen since your last conversation
- If an issue still exists that you feel cannot be resolved, refer the patient back to his/her GP
- You may want to consider highlighting further information that the patient can refer to once he/she leaves the service (e.g. the Asthma UK website).

Targeted MURs

From October, half of all MURs will need to be from specified target groups identified as patients:

- Taking high risk medicines
- Recently discharged from hospital
- With respiratory disease including asthma.

These target groups have been chosen as they are groups of patients most likely to benefit from a MUR.

Over 70 per cent of patients with asthma do not have full control of their condition and suffer unnecessarily from symptoms – mainly coughing, wheezing, shortness of breath and chest tightness. Many accept these as a normal part of living with asthma and are unaware of the steps they can take to gain better control.

The major concordance issue relating to patients taking asthma medicines appears to be lack of understanding of how to use the medicine most effectively. A MUR is an ideal opportunity to ensure the patient is receiving maximum benefit from his/her medication and to address any issues or concerns a patient may have.

By helping to educate patients about their medication, it is hoped that the NMS and targeted MURs will demonstrate that pharmacy can make effective interventions which improve patient outcomes and support the QIPP agenda.

Recognising poor asthma control

A simple way to recognise whether a patient has poor asthma control is through the use of the following 'three questions', which have been devised by the Royal College of Physicians. Patients should be asked: In the last week/month:

1. Have you had difficulty sleeping because of your asthma symptoms (including cough)?
2. Have you had your usual asthma symptoms during the day (e.g. cough, wheeze, chest tightness or breathlessness)?
3. Has your asthma interfered with your usual activities (e.g. housework, work/school, etc.)?

These questions could be asked during the MUR consultation or be used as a method of identifying whether a patient would benefit from a MUR.

Common medicines use issues

During the MUR you will want to find out how the patient takes his/her medicines and whether any problems are being experienced. Consider using the following questions, which build on those contained within the current MUR structure.

Dosage regimen

- Is the patient taking his/her medicine as prescribed?
- If not, problems that you may wish to consider include:
 - Is he/she over-using the reliever inhalers?
 - Is he/she under-using his/her preventer inhaler?
 - Has he/she had a change of therapy that is not reflected in the prescribed dosage instructions?
 - Is he/she using his/her bronchodilator following the steroid inhaler?

Patient's knowledge of medicines

- Does the patient know what the medicines are used for?
- Does the patient know which of his/her asthma medicines is a reliever or a preventer?
- Does the patient understand that over-using the reliever inhaler indicates a lack of control? (Two or more short-acting beta₂-agonists per

Reflection exercise 2

Consider the following:

- How will you identify if a patient is suitable for a MUR?
- How will you plan for the review?
- What areas will you want to cover during the review?
- How will you ensure the patient gets the most from the review?

month or >10-12 puffs per day indicate poor control)

- Does the patient know which medicine to use in an asthma attack?
- If the patient has a self-management plan, does he/she know how to step the therapy up and down?

Compliance

- Does the patient actually take his/her medicine?
- Does this interfere with daily activities?
- Does the patient know when to use each of his/her inhalers?
- Does he/she use preventer medicines all the time to prevent an attack?
- Does he/she know the risks of non-compliance with his/her medicine and understand inadequate symptom control?
- Would a combination inhaler be more appropriate?
- Is the formulation appropriate?

Ask the patient to demonstrate his/her inhaler technique to ensure appropriate use (common problems include inhaling the MDI too quickly).

- Has the patient been experiencing any difficulties using his/her inhaler or getting relief from it?
- Is a spacer required?
- Is a Haleraid needed?
- Is the medicine working?
- Has the patient got any symptoms of uncontrolled asthma (e.g. cough, shortness of breath or wheeze)?
- Are side-effects present?
- Does the patient experience any oral thrush when using inhaled steroids?
- Does the patient get tremors when using salbutamol?





The new pharmacy services will increase the quality of care for asthmatic patients

Other considerations

- Does the patient measure his/her peak flow?
- Does the patient know how to use a peak flow meter properly?
- Does the patient record his/her results? Does he/she understand the results?
- Does the spacer need replacing? (Spacers should be replaced every 12 months)
- Is the spacer cleaned properly? (Spacers should be cleaned monthly in detergent and allowed to air dry)
- Does the patient have a self-management plan?
- When did the patient last have a review with his/her asthma nurse or doctor?
- Does the patient know about the support available from charities, such as Asthma UK?

Countdown to the New Medicine Service



Possible interventions

Self-care issues that could be discussed as part of the MUR include the following:

Inhaler technique

Drug delivery via inhaler devices offers many advantages in the treatment of asthma:

- The drug is delivered directly to the site of action
- This in turn leads to a rapid onset of action
- Lower doses are required, leading to a lower incidence of side-effects.

However the biggest disadvantage to inhaler devices is the difficulty some patients have in using them.

When a patient is initiated on asthma therapy, it is important that he/she is counselled on how to use each device correctly. The new NMS service can be a useful way of doing this.

At the point of dispensing, the pharmacist can ensure this counselling is reinforced by checking the patient understands the advice he/she has received. Any shortfalls in technique

can therefore be picked up at a very early stage.

When a patient has been using inhalers for some time, his/her technique can deteriorate, leading to asthma symptoms that may be mistaken for drug failure. A MUR is the ideal opportunity to review technique to ensure the patient is getting maximum benefit from the medication. Even if a patient has used an inhaler for a long time, it is still of benefit to ensure that inhaler technique is good.

There are many inhaler and spacer devices available. Each inhaler device will contain instructions on effective use and the patient should be encouraged to follow the advice given.

- Metered dose inhalers (MDIs): these require a high degree of co-ordination. They are the most commonly used inhaler and are cost-effective if the patient can adopt a good inhaler technique
- Breath-actuated MDIs: these reduce some problems associated with the technique required for using MDIs and can increase lung deposition rates

■ Spacers: concomitant use of spacer devices allows the patient to inhale the medication at his/her own speed and increase deposition of the drug in the lung. Inhaling steroids via this method can minimise the development of oral thrush as a side-effect

■ Dry powder devices: breath actuated, these devices may improve deposition rates as not so much patient co-ordination is required for their use.

Self-monitoring – peak flow meters

The peak expiratory flow (PEF) is the maximum expiratory flow rate that the individual can achieve in 10 milliseconds, starting at full inspiration. The measurement is given in litres/minute. The PEF varies depending on age, height, sex and time of day, and should be compared to the patient's personal best.

Ongoing peak flow measurements can give a clear indication of how well asthma is being controlled and whether modification of

Reflection exercise 3

Medicines use reviews can help a patient use his/her medicines more effectively. Consider the types of interventions that could possibly occur from a MUR consultation:

- What solutions can you identify for common problems with asthma medicines?
- What could the patient do to help control his/her asthma more effectively?
- What lifestyle issues could affect a patient's control?

treatment is required. PEF tends to be higher in the evening.

Normal variation is approximately five per cent. If this variation is exaggerated it may indicate poorly controlled asthma. If the variation is 15 per cent or more, the patient should be referred to his/her GP.

A self-management plan will determine whether the use of a peak flow meter is necessary. Normally peak flow readings are not needed on a daily basis, but can be used on initial assessment, assessing response to treatment changes and monitoring during exacerbations.

Patient education is important, as the individual must know why they are taking these readings, and how to interpret them.

Community pharmacists can help the patient by offering counselling on the correct technique in using a peak flow meter, when to take the readings, and how to interpret the results.

Written self-management plans

The BTS/SIGN guidelines recommend the use of self-management plans to provide structured patient education and advice. Formulating an action plan at the MUR stage can assist – but should not supersede – self-management plans produced by the GP/asthma nurse.

Avoidance of trigger factors

If a trigger factor has been identified, it should be avoided. Where this is not possible, exposure should be reduced by, for example, daily vacuuming the house or removing pets from the home. At the MUR, trigger factors can be discussed, if appropriate, and advice tailored to the needs of the patient.

Flu vaccination reminder

The Department of Health recommends that patients with asthma have an annual flu

CPD competences

This module supports the following community pharmacy competences:

Competence	Where this module supports competence development
G7c Using suitable approaches to resolve specific problems	This module explains how the new medicine service can be used to support newly diagnosed asthma patients, while targeted MURs can help ensure existing patients receive maximum benefit from their medication
C2c Creating and making use of opportunities to encourage healthy lifestyles	How people with asthma can take actions to help to control their condition and areas where pharmacists might provide advice and support to promote healthy lifestyles (e.g. proper diet; smoking cessation) are highlighted
C3e Providing pharmaceutical care to people with chronic conditions	The module looks at how pharmacists can help people who are either newly diagnosed or long-term sufferers of asthma
C5c Developing and implementing new services under local or national contracts	The module explains the procedure to be followed in the new medicine service and lists the points to consider when establishing both this new service and targeted MURs

vaccination. The pharmacist can remind the patient of this and signpost when required.

Lifestyle factors

Patients with asthma should be encouraged to reduce body weight and promote healthy living. Physical activity should be encouraged where appropriate (e.g. swimming). For most patients exercise-induced asthma is an expression of poorly controlled disease.

If exercise is a specific problem in patients taking inhaled steroids who are otherwise well controlled, consider the following therapies:

- Leukotriene receptor antagonists
- Long-acting beta₂-agonists
- Chromones
- Oral beta₂-agonists
- Theophylline.

Immediately prior to physical activity, an inhaled short-acting beta₂-agonist is the drug of choice to reduce symptoms.

Healthy eating

A MUR is an ideal opportunity to remind patients of the importance of a well balanced

diet. The main principles of healthy eating are:

- Eat a variety of foods
- Eat the right amounts to be a healthy weight
- Eat plenty of foods rich in starch and fibre
- Eat plenty of fruit and vegetables
- Eat low fat foods
- Drink alcohol in moderation.

Smoking cessation advice

Smoking cessation advice is vital information for any patient with a respiratory condition. Community pharmacists should take the opportunity to raise the issue of smoking, encourage smokers to quit, offer advice and, where appropriate, provide signposting to local smoking cessation services.

One useful way of helping someone to stop smoking is the use of the 'Five As' of smoking cessation, which are:

- Ask about smoking
- Advise smokers to stop
- Assess willingness to quit
- Assist the smoker to stop
- Arrange follow-up.



Pharmacy Magazine's CPD modules are now available on Cegedim Rx's PMR systems, Pharmacy Manager and Nexphase. Just click on the 'Professional Information & Articles' button within Pharmacy KnowledgeBase and search by therapy area. Please call the Cegedim Rx helpdesk on 0844 630 2002 for further information.



ASSESSMENT QUESTIONS

ASTHMA, THE NMS AND TARGETED MURS

1. Asthma is characterised by which of the following symptoms?

- a. Chronic productive cough, wheeze and shortness of breath
- b. Chronic productive cough, wheeze and night-time wakening
- c. Cough, wheeze and shortness of breath
- d. Cough, wheeze and sneezing

2. Which is NOT a key management principle of asthma?

- a. Preventing exacerbations by increasing the number of inhalers prescribed
- b. Achieving best possible lung function and enabling normal physical activity
- c. Reducing the risk of severe asthma attacks
- d. Controlling symptoms associated with asthma including cough

3. An asthma MUR will NOT help patients to:

- a. Improve compliance with medicines
- b. Improve inhaler technique
- c. Improve knowledge through advice and support from the pharmacist
- d. Assess lung function

4. Find the FALSE statement regarding targeted MURs:

- a. Targeted MURs must make up at least 50 per cent of all MURs delivered

- b. The high risk medicines group includes opioids
- c. Diuretics are included in targeted MURs
- d. Targeted MURs can be performed with both discharge and respiratory patients

5. Which long-acting beta₂-agonist is also licensed for short-term relief?

- a. Salbutamol
- b. Formoterol
- c. Salmeterol
- d. Ipratropium

6. Patients should be referred to their GPs if the variation in peak flow measurements is:

- a. Five per cent
- b. 10 per cent
- c. 12 per cent
- d. 15 per cent or more

7. Which of the following about the NMS is FALSE?

- a. The payment structure depends on the volume of items the pharmacy does
- b. Each pharmacy must complete six NMS to receive the set-up fee
- c. The NMS is only available in England and Wales
- d. A MUR can only be carried out after six months if the patient has completed the NMS

8. Which is NOT a side-effect of salbutamol?

- a. Headache
- b. Hypertension
- c. Muscle cramps
- d. Urticaria

PHARMACY MAGAZINE CPD RECORD – SEPTEMBER 2011

USE THIS FORM TO RECORD YOUR LEARNING AND ACTION POINTS FROM THIS MODULE ON ASTHMA, THE NEW MEDICINE SERVICE AND TARGETED MURS OR DOWNLOAD FROM WWW.PHARMACYMAG.CO.UK AFTER COMPLETING THE ONLINE LEARNING SCENARIOS

Activity completed. (Describe what you did to increase your learning. Be specific) (Act)

Name/date:

Time taken to complete activity:

What did I learn that was new in terms of developing my skills, knowledge and behaviours? Have my learning objectives been met?*
(Evaluate)

How have I put this into practice? (Give an example of how you applied your learning. Why did it benefit your practice? How did your learning affect outcomes?)
(Evaluate)

Do I need to learn anything else in this area? (List your learning action points. How do you intend to meet these action points?)
(Reflect)

* If as a result of completing your evaluation you have identified another new learning objective, start a new cycle – this will enable you to start at **Reflect** and then go on to **Plan, Act** and **Evaluate**. This form can be photocopied to avoid having to cut this page out of the module. Complete the learning scenarios at www.pharmacymag.co.uk

MODULE 191 ANSWER SHEET

ENTER YOUR ANSWERS HERE Please mark your answers on the sheet below by placing a cross in the box next to the correct answer. Only mark one box for each question. Once you have completed the answer sheet in ink, return it to the address below together with your payment of £3.75. Clear photocopies are acceptable. You may need to consult other information sources to answer the questions.

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