

Clinical examination and procedural skills

A CPPE assessment record



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Acknowledgements

The structure and content of this *Clinical examination and procedural skills* assessment record are based on the following resources:

- University of Manchester, Manchester Medical School. *Log of clinical and procedural skills* (version 4). 2015.
- NHS Education for Scotland. *Clinical skills logbook*. 2016
- Douglas G, Nicol F and Robertson C (editors). *Macleod's clinical examination* (13th edition). Edinburgh: Churchill Livingstone Elsevier. 2013
- Patel K and Patel N. *Complete self-assessment for medical finals*. Boca Raton: Taylor Francis Group. 2007

Disclaimer

We have developed this learning resource to support your practice in this topic area. We recommend that you use it in combination with other established reference sources. If you are using it significantly after the date of initial publication, then you should refer to current published evidence. CPPE does not accept responsibility for any errors or omissions.

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Clinical examination and procedural skills assessment

The *Clinical examination and procedural skills assessment* has three parts:

1. clinical examination and procedural skills log
2. two case studies – submitted in your portfolio and discussed with your clinical supervisor
3. reflective essay on clinical and procedural skills practice – submitted to CPPE for marking.

You will find details of the case studies and reflective essay in Appendices 1 and 2.

The main part of this booklet is the clinical examination and procedural skills log. The log is designed to allow you to collect evidence of practical experience for common clinical procedures. The procedures included in this logbook are not exhaustive, nor is it anticipated that every pharmacy professional would have the requirement to be trained in each skill. The respiratory examination and the cardiovascular system examination are included to enhance the training and development of experienced clinical pharmacists only. These examinations are not suitable for pharmacy technicians.

You should use this logbook to record the clinical procedures you have identified with your clinical supervisors as ones you need to perform in your role. If you require further detail on the techniques of clinical examination you should refer to a clinical examination textbook, eg:

Douglas G, Nicol F and Robertson C (editors). *Macleod's clinical examination* (13th edition). Edinburgh: Churchill Livingstone Elsevier. 2013.

Patel K and Patel N. *Complete self-assessment for medical finals*. Boca Raton: Taylor Francis Group. 2007.

There may be local policies and training requirements that relate to some of the examinations and procedures included within this logbook eg, local safeguarding training, needlestick injury process, policy for disposal of samples, local arrangements for collection of samples. You should discuss these with your clinical supervisor when you agree which examination procedures you will undertake. You may want to make notes of these within the logbook as a reference and to evidence your awareness of, and compliance with them.

The procedures are all set out in the same order:

- a brief description of the steps involved
- space for recording supervised attempts
- observer's comments and pharmacy professional's reflections
- final sign-off.

The first thing you need to do is agree with your clinical supervisor which clinical examinations and procedures are relevant to your role and record these on the table on page 37 of this resource. Use this table to also record your progress in developing your skills.

You must demonstrate that you can undertake each process consistently well to be considered competent and we consider three successful attempts to be the minimum required. You should discuss your learning needs during meetings with your clinical supervisor and record your plans in the learning log and your personal development plan. The range of examinations and procedures and the number of observations will depend on your particular needs and the professional judgement of your clinical supervisors.

Practitioners who are suitably skilled may sign off your logbook entries. These do not need to be doctors; they could be suitably trained and skilled pharmacists or nurses. However, the final sign-off for each procedure should be by your clinical supervisor. This confirms your competence in use of clinical examination in general, and incorporates a review of this logbook and discussion of your two case studies (see Appendix A: Case studies).

The reference guides in this logbook are intended as a set of principles and are not written in stone. You should always follow practice guidelines or policies where you are working. In practice you will observe lots of variation from what is written here, which is the nature of clinical practice. However, you should use these principles in how you examine patients and perform procedures as the foundation of your clinical and procedural skills.

You will note that some practitioners do not always follow these steps; with experience, clinicians learn to focus their clinical skills to the patient. While you should stick to the principles outlined here, it is often appropriate to do a focused examination rather than a complete examination of a patient.

The importance of consultation skills to clinical examination

Effective consultation skills are essential when undertaking any clinical examination. Consultation skills assessment is separate from this clinical skills log, but it is an integral part of each of the skills detailed in this logbook. In addition to the processes detailed for each of the skills, you must:

- put the patient at ease and build rapport
- explain who you are and what your role is
- check the patient's identity and find out how they would like to be addressed
- respect and discuss patient confidentiality
- ask if the patient has undergone a procedure previously, explain what you plan to do and why, what it will involve and what the patient will expect to experience. Use appropriate language and continue to explain each step during the procedure
- gain verbal consent to complete the examination or procedure, and confirm consent as you proceed, when necessary
- pay attention to the patient's comfort and dignity throughout using a chaperone if requested or required
- ensure you keep the patient covered as much as possible, only uncovering sensitive areas when necessary
- be aware of the patient becoming tired or experiencing pain; you may need to stop and/or continue at another time. If the patient is clearly distressed stop and address their distress appropriately. Check how the patient is feeling when you finish
- observe the patient as appropriate during the procedure as this may give you information about symptoms and signs, eg, a patient may wince with pain as they breathe in deeply. Explore these cues to gather more information
- listen. Often during examinations or procedures, patients may give you additional information or cues relevant to your history-taking. Sometimes they ask you questions. Acknowledge these and respond to them when convenient for you and the patient, usually after you have finished the examination.

If you feel uncomfortable at any stage during the procedure, stop and discuss the matter with your clinical supervisor or other available member of the healthcare staff as soon as possible. Do not feel that you have to carry on regardless, even if you have been specifically directed to by the patient.

Make use of the prompt in the log to reflect after each attempt, and include a reflection on your communication and consultation skills as well as the steps specific to that examination skill. Your communication skills may affect the accuracy of your examination findings just as they affect your history-taking.

General approach to any procedure

There is a general approach that should be observed before and after each procedure, irrespective of the specifics of that procedure.

Before any clinical examination or procedure:

- check the expiry dates on all medicines and equipment (handwashing gels may have a short expiry)
- wash your hands using seven-step technique (or equivalent)
- introduce yourself and confirm the patient's identity
- discuss the examination or procedure with the patient and explain the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- consider whether you need a chaperone for this examination or procedure and offer this option to the patient (this should be in line with practice policy)
- offer to answer any questions the patient may have
- gain verbal consent from the patient for you to perform the examination or procedure.

After the clinical examination or procedure:

- advise the patient that you have finished
- clean up your equipment and dispose of any waste
- wash your hands
- thank the patient and either explain your findings (if this is within the scope of your competence) or explain what happens next
- document what you have done
- check on the patient, explain your findings and offer to answer any questions they have.

Handwashing

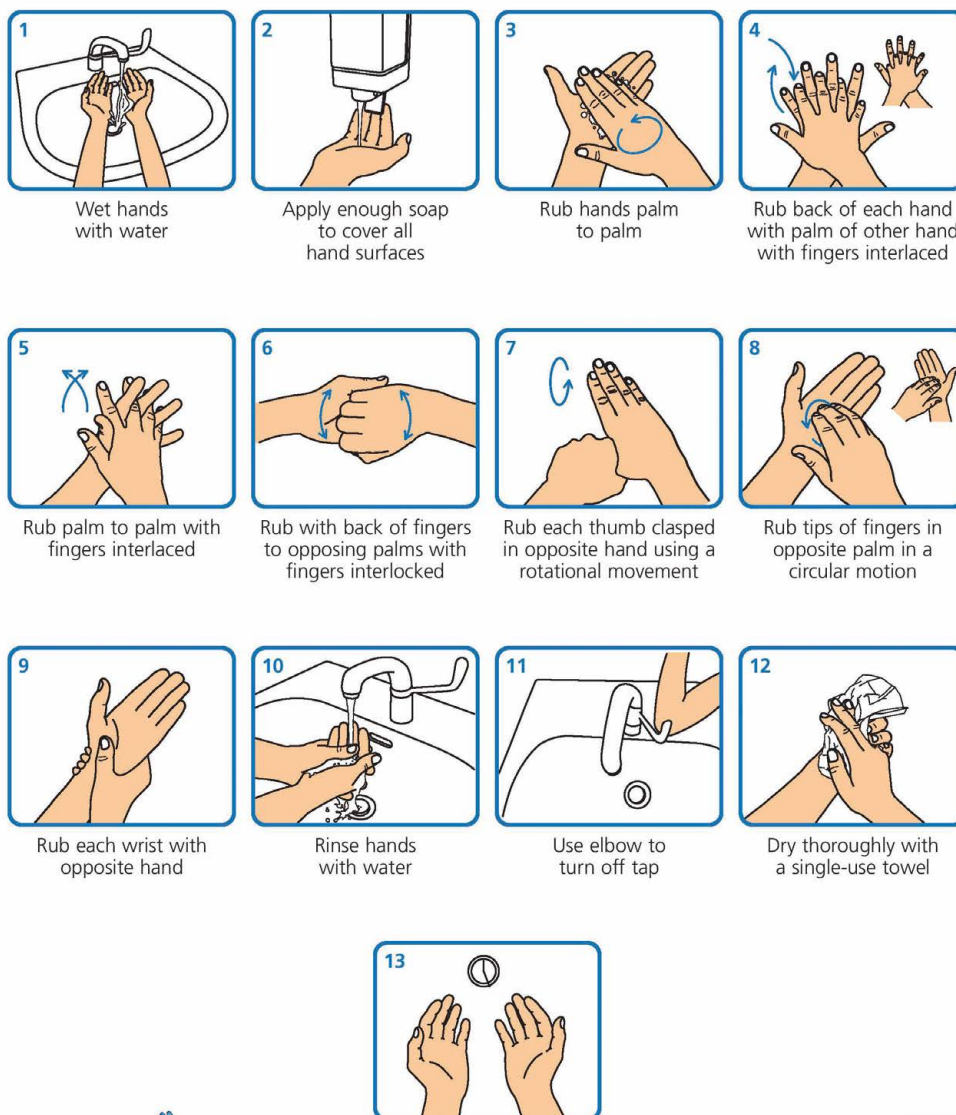
Effective handwashing ensures that patients and staff are protected from the spread of infection. The five key moments when you should perform hand hygiene are:

1. before touching a patient
2. before a clean or aseptic procedure
3. after body fluid exposure risk
4. after touching a patient
5. after touching patient surroundings.

The following diagram illustrates the seven-step hand washing technique.



Hand-washing technique with soap and water



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



The examination and procedural log

Height, weight and body mass index

Process:

- demonstrates understanding of indication and technique of this set of observations
- obtains informed consent prior to procedure
- demonstrates ability to measure height:
 - takes patient to a stadiometer and asks them to remove their shoes
 - asks the patient to stand by the stadiometer with feet flat and together with their legs straight, arms at their sides and shoulders level
 - asks the patient to look straight ahead with their line of sight parallel to the floor
 - lowers the headpiece until it firmly touches the crown of the head
 - records the height (in metres [m]) accurately in the notes.
- demonstrates ability to measure weight:
 - asks the patient to remove any bulky or heavy clothing
 - places the scale on a firm, flat surface (ideally not on carpet)
 - ensures that the scale is turned on (if electronic), set to metric measurements, and zeroed
 - asks the patient to stand or sit (depending on scale design) in the centre of the scale without leaning on anything else
 - records the weight (in kilograms [kg]) accurately in the notes.
- demonstrates ability to calculate body mass index (BMI):
 - divides the patient's weight (kg) by the square of their height (m), or;
 - uses a chart, the electronic record or suitable website/app
 - records this in the patient's notes.
- asks the patient sensitively if they would like to know their readings (this may include needing to convert height into feet and inches and weight into stones and pounds if the patient is more familiar with imperial scale)
- communicates effectively with patient
- recognises reference ranges and the significance of findings
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Height, weight and body mass index

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Basic observations

Basic observations comprise blood pressure, heart rate, peripheral oxygen saturation, respiratory rate and temperature.

The assessment record on the opposite page is intended for you to record competent attempts at heart rate assessment, but you should consider how competent and confident you feel when combining these assessments, as well as when you undertake them in isolation.

Process:

- demonstrates understanding of indication and technique of the set of observations
- obtains informed consent prior to procedure
- demonstrates ability to measure:
 - heart rate (page 10)
 - respiratory rate (page 12)
 - blood pressure (pages 14 and 16)
 - peripheral oxygen saturation (page 18)
 - temperature (page 20).
- recognises technical limitations of saturation probes, thermometers and electronic sphygmomanometers
- demonstrates effective communication with the patient
- records findings accurately in the notes
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Heart rate (radial pulse)

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- uses three middle fingers over radial pulse
- assesses rate, rhythm and character for a full minute
- records findings accurately in the notes
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Basic observations

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Respiratory rate

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - why you need to do this.
- notes whether the patient appears breathless at rest
- counts the respiratory rate (breaths/minute) for 30-60 seconds while feeling the radial pulse
- assesses chest movements, including whether the patient is using accessory muscles of respiration
- records findings in the notes
- recognises reference ranges and the significance of findings; has an awareness of patient's usual results
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Respiratory rate

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Blood pressure (manual)

Process:

- demonstrates understanding of indication and technique of the procedure
- checks that the machine has been calibrated within an appropriate timeframe
- ensures that the patient has rested for five to ten minutes before the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- explains appropriate position and clothing requirements to the patient
- maintains patient dignity if clothing needs to be loosened or removed
- demonstrates ability to assess for cuff size
- demonstrates ability to apply manual blood pressure cuff appropriately
- demonstrates ability to use stethoscope correctly
- demonstrates understanding of local policy with regards to readings
- records findings accurately in the notes
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Blood pressure (manual)

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Blood pressure (automated)

Process:

- demonstrates understanding of indication and technique of the procedure
- excludes atrial fibrillation to confirm that automated blood pressure measurement is appropriate
- checks that the machine has been calibrated within an appropriate timeframe
- ensures that the patient has rested for five to ten minutes before the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- explains appropriate position and clothing requirements to patient
- maintains patient dignity if clothing needs to be loosened or removed
- demonstrates ability to assess for cuff size
- demonstrates ability to apply blood pressure cuff appropriately
- demonstrates ability to operate electronic sphygmomanometer correctly
- demonstrates understanding of local policy with regards to readings
- records findings accurately in the notes
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Blood pressure (automated)

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Peripheral oxygen saturation

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- checks site for warmth, proximal pulse and capillary refill
- ensures the site is clean and nail varnish removed
- positions the sensor securely (but not with tape unless recommended by manufacturer)
- switches on and/or plugs in the pulse oximeter
- allows the measurement to settle for one minute before reading
- records findings accurately in the notes
- recognises reference ranges and the significance of findings; has an awareness of usual oxygen saturation (pO₂) for patients with chronic obstructive pulmonary disease (COPD)
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Peripheral oxygen saturation

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Temperature

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- selects an appropriate thermometer and checks that it is working correctly
- ensures device is turned on and inserts appropriately using aseptic non-touch technique (ANTT) principles
- waits for the appropriate amount of time before reading the device (according to manufacturer's instructions)
- records findings accurately in the notes
- disposes of waste appropriately
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Temperature

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Blood glucose

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- demonstrates technical ability in operating the machine and lancet device, sharps handling and manipulation of test strips:
 - checks that machine has been calibrated
 - checks that code on strip matches code on machine
 - washes hands and wears non-sterile gloves
 - cleans the puncture site with soap and water
 - encourages blood flow in the fingers
 - primes lancing device
 - inserts strip into monitor
 - presses lancet against side of finger and triggers
 - milks blood from puncture site
 - places strip against bleeding finger until machine beeps
 - wipes residual blood with non-linting swab and applies pressure
 - disposes of lancet in sharps bin and testing strip in clinical waste
 - disposes of gloves and washes hands.
- records findings accurately in the notes
- recognises reference ranges and the significance of findings
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Blood glucose

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Urinalysis

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- wears non-sterile gloves and apron where appropriate to comply with local policy
- checks that urine has been passed recently; checks and records time that sample was taken if sending sample to pathology
- observes for colour, cloudiness/debris, odour
- demonstrates technical ability in selecting and using test strips that are appropriate to the test:
 - dips all the reagent areas of the strip into the urine
 - wipes off excess urine on the edge of urine pot
 - lays the strip flat on a dry surface to ensure the strip remains horizontal
 - replaces lid of specimen pot
 - observes reagent areas for recommended time
 - compares the colour of reagent areas on the strip with the colour chart provided without touching the chart with wet strip
 - notes any abnormalities
- disposes of the urine, unless needed for further tests
- disposes of gloves and washes hands
- records findings accurately in the notes
- interprets findings and reports abnormalities appropriately
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Urinalysis

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Respiratory examination

The full respiratory examination is included to enhance training and development of experienced clinical pharmacists only. It is not a requirement for all pharmacists to achieve competence in this examination; this will depend on your role. The respiratory examination is not suitable for pharmacy technicians.

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- explains appropriate position and clothing requirements to patient:
 - asks patient to remove clothing from the waist up (at an appropriate time during the procedure to maintain comfort and dignity)
 - positions the patient at 45°
 - maintains patient dignity when clothing is removed.
- observes the patient and surroundings, ie, general impression, breathlessness at rest, oxygen, medicines and other paraphernalia, skin colour, use of accessory muscles
- examines hands, ie, finger clubbing, tar staining, cyanosis, capillary refill, muscle wasting, fine tremor, flapping tremor
- examines pulse, respiratory rate, temperature and blood pressure (see individual procedures)
- examines face and neck, ie, central cyanosis, conjunctiva pallor, Horner's syndrome, central trachea, vascular abnormalities
- asks patient to sit upright and performs IPPA starting with the back:
 - **I** – inspects chest for symmetrical breathing and any abnormalities
 - **P** – palpates for expansion
 - **P** – percusses and compares resonance over all lobes including apex and axilla
 - **A** – auscultates and compare sounds from both sides of the chest, eg, absence, crackling, crepitations.
- examines lymph nodes
- asks patient to lie back and repeats IPPA from the front
- concludes examination by prescribing, suggesting further relevant investigations or referral as appropriate to the findings
- records findings accurately in the notes
- interprets findings and reports abnormalities appropriately
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Respiratory examination

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature

Observer's comments, eg, details of where improvement is required

Pharmacist's reflection(s)

Confirmation

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacist has performed this procedure in routine circumstances.

Date	Clinical supervisor's name	Signature

Respiratory function: peak expiratory flow rate

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- demonstrates technical ability in operating the peak flow meter:
 - attaches a new one-way mouthpiece to the peak flow meter
 - ensures the patient is standing for this procedure (if possible)
 - sets the peak flow meter to zero
 - ensures the patient is holding the meter so that their fingers aren't obstructing the dial
 - asks the patient to inhale deeply
 - asks the patient to seal their mouth around the mouthpiece as tightly as possible
 - asks the patient to exhale as quickly and forcibly as possible
- repeats this process three times
- if the patient uses a bronchodilator, considers obtaining readings before and five minutes after use of the bronchodilator and rationalises decision appropriately
- disposes of mouthpiece appropriately
- records the highest of the three readings (before and after bronchodilation if appropriate) accurately in the notes
- interprets findings and reports abnormalities appropriately
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Respiratory function: peak expiratory flow rate

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Ear examination

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- inspects the outer ear and pinna
- uses the largest clean speculum that will fit
- holds the otoscope like a pen (left hand for left ear, right hand for right ear) resting the ulnar border of the hand or little finger against the patient's face
- moves with the patient to avoid pain
- pulls pinna upwards and backwards
- inserts speculum just past the hairs in the external canal
- inspects the ear canal and tympanic membrane
- disposes of speculum appropriately
- records findings accurately in the notes
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Ear examination

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Throat examination

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- observes the patient's voice and enquires about recent changes
- asks patient about problems with swallowing
- excludes stridor before examining throat
- asks patient to fully open mouth and say 'ahhh':
 - inspects oropharynx
 - inspects tonsils for symmetry, size, colour, and any discharge or membrane.
- palpates the cervical lymph nodes
- records findings accurately in the notes
- explains findings to the patient
- recommends appropriate actions, eg, prescribing, further relevant investigations, referral
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Throat examination

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature	Competence demonstrated
					Y / N
					Y / N
					Y / N

Observer's comments, eg, details of where improvement is required

Pharmacy professional's reflection(s)

Competence

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacy professional was able to perform this clinical examination in routine circumstances.

Date	Clinical supervisor's name	Signature

Cardiovascular system examination

The full cardiovascular system examination is included to enhance training and development of experienced clinical pharmacists only. It is not a requirement for all pharmacists to achieve competence in this examination; this will depend on your role. The cardiovascular system examination is not suitable for pharmacy technicians.

Process:

- demonstrates understanding of indication and technique of the procedure
- obtains informed consent prior to procedure, including explaining the following:
 - that you want to examine them
 - what you are going to do
 - why you need to do this.
- demonstrates technical ability in operating the equipment
- explains appropriate position and clothing requirements to patient:
 - asks patient to remove clothing from the waist up (at an appropriate time during the procedure to maintain comfort and dignity)
 - positions the patient at 45°.
- observes the patient and surroundings, eg, general impression, monitors, oxygen, medicines
- examines hands and nails, eg, warmth, peripheral cyanosis, tar staining, splinter haemorrhages, koilonychia, tendon xanthomata
- palpates radial pulse for rate and rhythm; examines for radio-radial delay, collapsing pulse (check no shoulder pain), brachial pulse, carotid pulse (character), radio-femoral delay
- checks blood pressure; considers laying and standing, and measuring in both arms if appropriate
- examines face, eyes and mouth, ie, malar flush, corneal arcus, xanthelasma, conjunctival pallor, central cyanosis, dental hygiene
- examines jugular venous pressure (JVP), if appropriate; head turned slightly to the right and relaxed neck muscles, well lit, look across the neck for double pulsation, can confirm with hepatojugular reflex; measure height above sternal angle (normal = 3-4cm)
- inspects chest closely for scars (eg, pacemaker/implantable cardioversion device, sternotomy), visible pulsations
- palpates carotid pulse for character and volume
- palpates precordium for thrills and apex beat (palpable murmurs, left parasternal heave) and notes apex location (normal = fifth left intercostal space, midclavicular line) and character
- auscultates the four primary areas of heart, ie, apex beat (with bell and diaphragm), lower left sternal edge, second intercostal space left sternal edge, second intercostal space right sternal edge (all with diaphragm)
- auscultates lung bases for pulmonary oedema
- inspects lower back for sacral oedema
- examines abdomen for hepatomegaly and abdominal aortic aneurysm
- palpates feet for oedema and pedal pulses
- records findings accurately in the notes
- interprets findings and reports abnormalities appropriately
- explains findings to the patient
- demonstrates a person-centred approach
- seeks help where appropriate
- demonstrates professionalism.

Cardiovascular system examination

Record of at least three supervised attempts

Date	Location	Observer's name	Observer's designation	Observer's signature

Observer's comments, eg, details of where improvement is required

Pharmacist's reflection(s)

Confirmation

I confirm documentation for three procedures of which I have observed at least one. I confirm this pharmacist has performed this procedure in routine circumstances.

Date	Clinical supervisor's name	Signature

Checklist of clinical examinations and procedures required and clinical pharmacy professional's self-declaration

Complete the self-declaration for each relevant procedure when you have completed three observed attempts, which have been signed and dated by your clinical supervisor.

Clinical examination/procedure	Relevant to role (initials and date agreed)	Date completed (pharmacy professional's initials)
Height, weight and body mass index		
Basic observations		
Heart rate (radial pulse)		
Respiratory rate		
Blood pressure (manual)		
Blood pressure (automated)		
Peripheral oxygen saturation		
Temperature		
Blood glucose		
Urinalysis		
Respiratory examination <i>(experienced clinical pharmacists only)</i>		
Respiratory function: peak expiratory flow rate		
Ear examination		
Throat examination		
Cardiovascular system examination <i>(experienced clinical pharmacists only)</i>		

Final sign-off

In addition to being signed off as able to perform each clinical examination in routine circumstances your clinical supervisor will sign you off as competent in a range of clinical examination skills that are relevant to your role. Your clinical supervisor should use the following criteria, and the checklist of clinical examinations and procedures to make this final sign-off assessment. When you have completed the sign-off with your clinical supervisor record the date on the online pathway progress tracker.

Insufficient evidence	Needs further development	Competent
From the available evidence, the pharmacy professional's performance cannot be placed on a higher point of this developmental scale.	Chooses examination broadly in line with the patient's problem(s).	Chooses examinations appropriately targeted to the patient's problem(s).
	Identifies abnormal signs, but fails to recognise their significance.	Has a systematic approach to clinical examination and able to interpret physical signs accurately.
	Suggests appropriate procedures related to the patient's problem(s).	Has a systematic approach to clinical examination and able to interpret physical signs accurately.
	Examination skills are incomplete or insufficient to identify abnormal findings sensitively.	Varies options of procedures according to circumstances and the preferences of the patient.
	Observes the professional codes of practice including the use of chaperones.	Refers appropriately when a procedure is outside their level of competence.
	Performs procedures and examinations with the patient's consent and with a clinically justifiable reason to do so.	Identifies and reflects on ethical issues with regard to examination and procedural skills.
	Conducts examination in a way that does not allow a full assessment by inspection or palpation.	Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient.
	Proceeds without due attention to the patient's perspective or feelings.	Ensures that the patient understands the purpose of the examination, describes what will happen and explains the role of the chaperone. Arranges the place of examination to give the patient privacy and to respect their dignity. Inspection and palpation is appropriate and clinically effective.

Pharmacy professional's reflection(s)

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Final statement of competence

I confirm that I have agreed the range of clinical examination procedures relevant to the pharmacy professional's role, observed at least one of three competent attempts for each examination, and completed a professional discussion with the pharmacy professional about their case studies. I consider this pharmacy professional able to perform the range of procedures assessed as competent in routine circumstances.

Date	Clinical supervisor's name	Signature

Clinical supervisor's email address	
Clinical supervisor's professional registration number, eg, GPhC number or GMC number	

Appendix 1: Case studies

You must write two case studies about two different patients that evidence your competent use of clinical examination skills. Each case study should evidence your use of a clinical examination skill that is relevant to your practice; choose cases where you have demonstrated different skills. You must discuss the case studies with your clinical supervisor and upload these written case studies to your Canvas e-portfolio.

When you write each case study you should describe the case, your actions in undertaking the clinical examination or procedure, the significance of your findings, your discussion with the patient about your findings and the action plan you agreed with the patient. You should also include further learning needs identified and your action plan for further development.

We have provided guidance on the next page to guide your discussion with your clinical supervisor and you may find it helpful to know what they will be looking for.

Each case study should be between 800 and 1000 words. Academic referencing is not required.

Case study discussion guidance for clinical supervisors

We have asked that clinical pharmacy professionals write two case studies to demonstrate their use of clinical examination and procedural skills in their practice. A professional discussion of these case studies with their clinical supervisor forms part of the sign-off process, so we have provided the following guidance to support you.

The written case studies should evidence the pharmacy professional's use of different skills in appropriate situations. They should describe their actions, their discussion with the patient about the examination, their findings, the significance of their findings, and any action plan agreed with the patient. The following questions may also help to structure your discussion with them:

- Has the pharmacy professional used appropriate clinical examinations and procedures?
- Has the pharmacy professional analysed the significance of the clinical findings?
- Has the pharmacy professional demonstrated shared decision making?
- Has the pharmacy professional discussed findings and identified an action plan with the patient?
- Has the pharmacy professional identified development needs and included these in an action plan for future development?

After the discussion the pharmacy professional should add the case studies to their portfolio, and add notes about the discussion and any learning points to their action plan as a result of the discussion.

Appendix 2: Reflective essay

Once you have developed your clinical examinations and procedural skills as agreed with your clinical supervisor, you must write a reflective essay.

Your reflective essay should focus on your overall practice using clinical examinations and procedural skills. In your reflective essay you should describe the steps that you have taken to improve your skills, reflect on your practice, include a short description of how you have applied your learning to your practice, and detail your action plan for further development.

Academic referencing is not required for this piece of work.

The key difference between the reflective essay and the case studies (Appendix 1) are:

- the case studies focus on individual patients
- the reflective essay focuses on your overall practice.

Your reflection should be between 800 and 1000 words and must be submitted on the Clinical assessment and procedural skills assessment on the CPPE website at: www.cppe.ac.uk/programmes//caskillsre-a-01. You can also access the assessment via the pathway progress tracker.

You can write your essay as a Word document and copy and paste it into your reflective essay assessment on the CPPE website.

Your reflective essay will be marked by an education supervisor. Your work will be marked on its evidence that you have used clinical examination and procedural skills in your role, whether your reflection is patient-centred, if you have identified your strengths and areas for development, and your action plan for further development.

We have provided the marking scheme on the next page. This will be used by the education supervisor who marks your reflective essay, and you may find it helpful to know what they will be looking for.

If you do not pass the assessment, you need to read and reflect on the feedback that we provide before revising the essay. You can then submit it on the CPPE website again.

Reflective essay marking scheme

For use by education supervisors when marking the reflective essay. You must meet the standard required in at least three of these five criteria to pass this part of the assessment.

Criteria	Feedback where criteria met	Feedback where criteria not met
Is there evidence that learner has used clinical examination and procedural skills?	You have shown evidence that you have used clinical examination and procedural skills.	You have not shown evidence that you have used clinical examination and procedural skills.
Is there evidence that the learner has reflected on the relevance of clinical examination and procedural skills in their practice?	You have shown evidence that you have reflected on the relevance of clinical examination and procedural skills to your current role.	You have not shown evidence that you have reflected on the relevance of clinical examination and procedural skills to your current role.
Is there evidence that the learner takes a patient-centred approach?	You have linked a patient-centred approach to the overall discussion of clinical examination and procedural skills.	You have not shown evidence of a patient-centred approach.
Is there evidence that the learner has reflected on their clinical examination and procedural skills and identified areas for development?	You have shown evidence that you have reflected on your clinical examination and procedural skills and identified your development areas.	You have not shown evidence that you have reflected on your clinical examination and procedural skills and identified your development areas.
Is there evidence that the learner has an action plan to improve their practice?	You have shown evidence that you have developed an action plan to improve your practice.	You have not shown evidence that you have developed an action plan to improve your practice.

Contacting CPPE

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