

Division of Pharmacy and Optometry

Pharmacists' NOn-Technical Skills (P-NOTS) v1.0 Handbook

NIHR Greater Manchester Patient Safety Translational Research Centre (Greater Manchester PSTRC).

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Introduction

This handbook is a guide to the P-NOTS behavioural marker system, which aims to identify and assess the non-technical skills required by community pharmacists to ensure safe practice. P-NOTS was developed from research conducted between January 2018 and November 2019.

Non-technical skills (NTS) have been defined as 'the cognitive, social, and personal resource skills that complement technical skills, and contribute to safe and efficient task performance'¹. They are typically assessed through a behavioural marker system, which is 'a prescribed set of behaviours indicative of some aspect of performance'². It is anticipated that P-NOTS will provide a basic framework for discussions, as well as assessments, concerning NTS within pharmacy practice.

The research upon which P-NOTS is based includes:

- A literature review conducted on Non-Technical Skills within community pharmacy
- Fifth hours of observations in community pharmacies
- Sixteen semi-structured interviews with community pharmacists.
- A group of experienced community pharmacists helped with arranging all the gathered data to produce this prototype. This handbook contains the final version of a framework that contains the most critical non-technical skills required by community pharmacists. This framework consists of the skills, constituent elements and examples of good and poor practice for each element. In addition to this, a rating scale can be used to assess observations of non-technical skills in practice. For further information, you can contact:

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¹ Flin R, O'Connor P, Crichton M, *Safety at the Sharp End: A Guide to Non-Technical Skills*, 2008. Aldershot: Ashgate.

² Rosen MA, Weaver SJ, Lazzara EH, et al. Tools for evaluating team performance in simulation-based training. *J Emerg Trauma Shock* 2010;3:353–9.

What is P-NOTS?

The P-NOTS framework is split into three hierarchical levels, shown in Figure 1. The first level covers the skill, of which there are five, second are the elements, which describe how the skills are manifested in practice, and these range between 2-4 descriptions for each skill. Lastly, there are good and poor exemplar behaviours for each element, to aid an observer when using P-NOTS as an assessment tool.

The aim of P-NOTS is to provide a common framework for discussions regarding the NTS of community pharmacists, in addition to being used as a tool for assessing NTS through observations in practice. There are many opportunities where P-NOTS may be useful:

- Framework for curriculum design to develop Non-Technical Skills for pharmacist
- Formative training tool for pre-registration students while on placement
- Post-registration development for pharmacists and framework for discussions during appraisals and revalidation

Further Reading

For further reading you can refer to the following books:

1. Safety at the Sharp End: A Guide to Non-Technical Skills by Rhona Flin, Paul O'Connor and Margaret Crichton (2008)
2. Enhancing Surgical Performance: A Primer in Non-Technical Skills by Rhona Flin, George Youngson and Steven Yule (2015)

Additionally, other behavioural marker systems have been developed for other sectors within healthcare and can be found in the following report:

- Non-technical skills for anaesthetists, surgeons and scrub practitioners (ANTS, NOTSS and SPLINTS) by Rhona Flin (2013)

Pharmacists' Non-Technical Skills (P-NOTS)

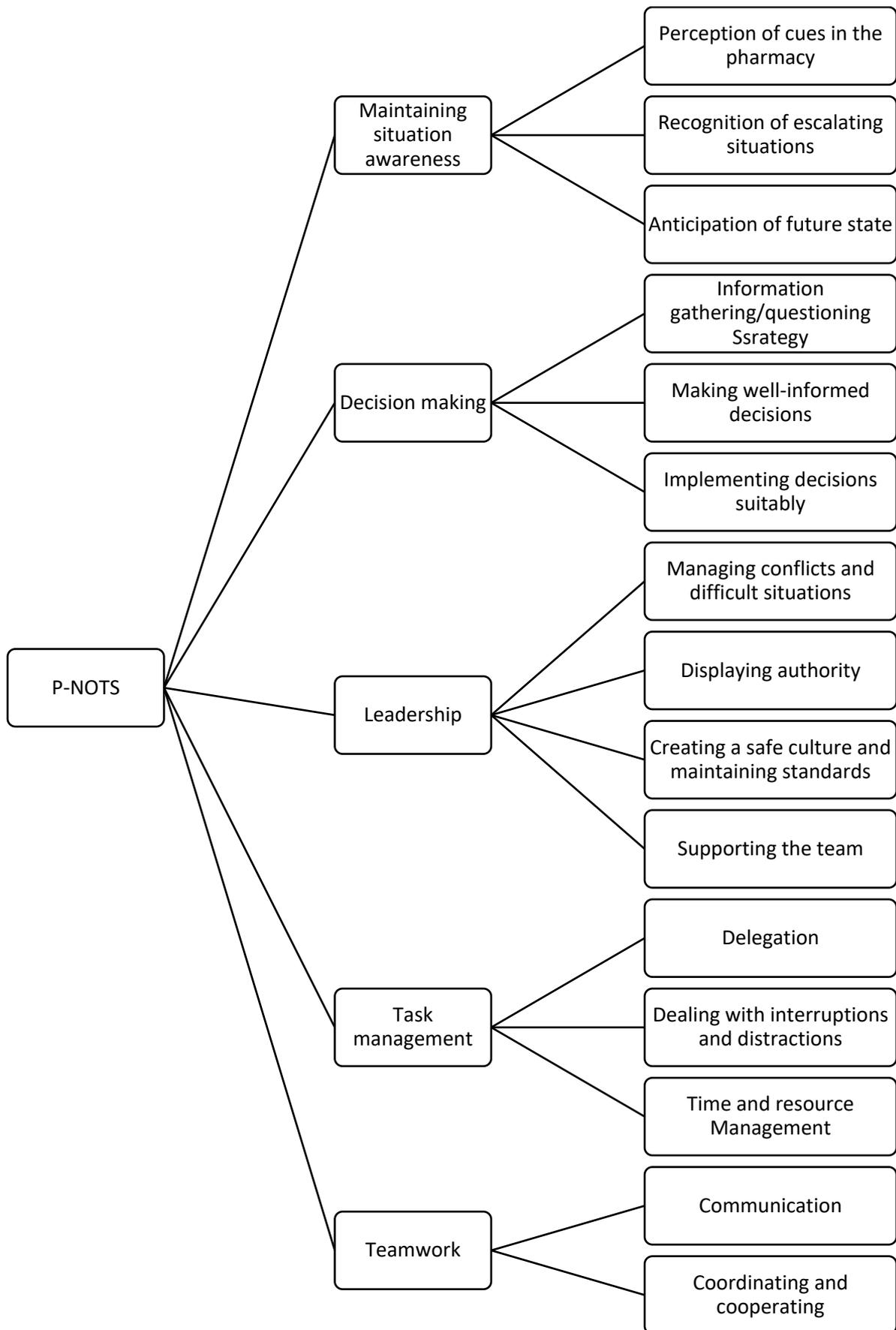


Figure 1 - The P-NOTS behavioural marker system containing the five skills and fifteen elements

The P-NOTS System v1.0

Maintaining situation awareness: Maintaining overall awareness of all aspects within the pharmacy (staff, patients and environment), recognising situations that may escalate and anticipating what may occur in the pharmacy.

Perception of cues in the pharmacy - registering cues from within the pharmacy environment that may be useful to recognising escalating situations and anticipating future events

Examples of good practice:

- Demonstrates awareness of the pharmacy environment at all times
- Is aware of events around the pharmacy
- Aware of pharmacy staff and patients in their vicinity
- Picks up on safeguarding issues with patients and individuals in pharmacy

Examples of poor practice:

- Fixated on checking prescriptions only
- Isolated from rest of the pharmacy (both physically and mentally)
- Fails to recognise patient who may need extra support (e.g. pregnant women)

Recognition of escalating situations - recognising situations that may escalate from gathered cues in the pharmacy, utilising experience of dealing with staff and patients to notice issues that could be worsened

Examples of good practice:

- Picks up on agitated patient behaviour
- Picks up on verbal and non-verbal cues of an escalating situation from both staff and patients
- Comprehends cues of frustrated behaviour in the pharmacy
- Appreciates patient reactions to difficult situations
- Picks up on clinically significant errors within the pharmacy

Examples of poor practice:

- Fails to recognise situation needing their attention
- Fails to recognise non-verbal signs of staff distress
- Fails to recognise increasing patient frustration
- Misses clinically significant mistakes either in prescription dispensing or counselling over the counter
- Unaware of staff location

Anticipation of future state - predicting imminent situations as a result of the action or inaction of the pharmacist to alter the future outcomes

Examples of good practice:

- Anticipates potentially aggressive or violent situation
- Prepares themselves to check priority prescriptions of patients in pharmacy
- Anticipates patients response to problems in the pharmacy (e.g. out of stock medicines)

Examples of poor practice:

- Fails to anticipate patient agitation from cues
- Allows situation to escalate before getting involved
- Failure to acknowledge patient specific conditions when dealing with them (e.g. patients with problems with addiction)

Decision making: skills for reaching the best outcome/decision after gathering all the important information required and following a systematic approach to reach a decision and then implementing the decision

Information gathering/questioning strategy - using all suitable methods to gather all necessary information to make decision safely and accurately

Examples of good practice:

- Asks relevant questions only, specific to the issue at hand
- Uses appropriate questioning techniques to elicit required information (e.g. open/closed questions)
- Uses language suitable for the patient or staff they're dealing with
- Displays appropriate emotional intelligence to gather maximum amount of information from staff or patient
- Uses all available resources to ensure information accuracy (e.g. Summary Care Records)

Examples of poor practice:

- Follows mnemonics without clear understanding of relevance
- Uses strict line of questioning, not adaptable to the responses of the patient
- Uses dismissive tone in questioning towards staff or patient
- Does not dedicate sufficient time to information gathering before making a decision

Making well-informed decisions - assessing all necessarily parameters to the decision (e.g. legal, clinical, ethical) and arriving at a decision that can be defended with sound reason

Examples of good practice:

- Ensures decisions taken are evidence-based, ethical and legally compliant
- Uses a structured appropriate decision making process
- Ensuring patient best interest is the main priority
- Consulting other individuals when required in making a decision
- Uses resources available to inform decision (e.g. BNF)

Examples of poor practice:

- Not using evidence appropriately when making a decision
- Allowing emotions to cloud judgement in decision making
- Relying overly on gut instinct and making poorly justified decisions
- Allows biases to inform the decision taken
- Doesn't consider suitable alternatives to decision taken

Implementing decisions suitably - confidently executing the decision chosen and being ready for consequence of decision, while remaining open to adapting decision based on changing circumstances

Examples of good practice:

- Shows confidence in decision and can back it up
- Articulates decision taken well to both staff and patients

Examples of poor practice:

- Changes decision because of patient pressure
- Doesn't change decision when circumstances change

Pharmacists' Non-Technical Skills (P-NOTS)

- Appropriately counsels patient on decision made (e.g. medicine dispensed/sold)
- Keeps team appropriate informed of decisions made
- Utilises team and external resources when implementing decision
- Doesn't take responsibility for decisions made
- Fails to think of alternative decisions when called upon

Leadership: skills required to be the leader of the pharmacy team, including displaying authority and managing conflicts and difficult situations. Additionally, as leader, the pharmacist is responsible for creating a safe culture, maintaining standards and supporting the team.

Managing conflicts and difficult situations - suitably dealing with conflicts and difficult situations by empathising with individual and solving issues, while remaining in control of the situation and deescalating

Examples of good practice:

- Remains calm when faced with frustrated patient
- Deescalates tense confrontations
- Is empathetic towards staff and patient situations
- Aims to fix patient frustrations
- Has plans and protocols to handle conflicts in the pharmacy

Examples of poor practice:

- Avoids difficult patients and situations
- Escalates confrontations through behaviour (e.g. raising voice)
- Consistently fails to address problems
- Masks problems instead of fixing root issues

Displaying authority - using confidence to show leadership of the team and give clear guidance to pharmacy team and patients while in the pharmacy

Examples of good practice:

- Demonstrates leadership of the team when required
- Gives clear decisions to staff and patients
- Facilitates discussion during patient consultations
- Directs daily operations in the pharmacy

Examples of poor practice:

- Allows others to take discussions off track
- Fails to take a stand against clear unethical issues (e.g. patient consistently requesting co-codamol inappropriately)
- Uses passive aggressive tone with staff members and patients

Creating a safe culture and maintaining standards - ensures that SOPs are followed appropriately and culture of openness and support is present, learning from mistakes and errors and encouraging of reporting of near misses

Examples of good practice:

- Leads through exemplary ethical behaviour
- Encourages safe practice over efficient practice
- Fosters trust between team members
- Ensures following of Standard Operating Procedures (SOPs)
- Encourages the reporting of errors and near misses

Examples of poor practice:

- Creates an atmosphere of rushing and tension
- Prioritises efficiency and profits/sales over safety
- Inappropriately deviates from SOPs
- Doesn't appropriately respond to SOP deviations
- Covers up errors and doesn't encourage an environment of openness and learning

Leadership (continued)

Supporting the team - supports the pharmacy team throughout all tasks ensuring they are adequately trained and developed and looks after welfare and wellbeing

Examples of good practice:

- Coaches members of the team and develops their skills
- Sets appropriately challenging goals and targets for the team
- Appreciates wider contextual issues that may impact team's work

Examples of poor practice:

- Shows favouritism or is inconsistent when dealing with members of the team
- Doesn't take responsibility for teams direction
- Introduces change haphazardly in the pharmacy
- Unaware of staff performance
- Fails to teach and train staff members instead relying on themselves to complete the task

Task management: skills for ensuring tasks are completed in the pharmacy by staff and pharmacists completes their own tasks safely and efficiently

Delegation - assigning tasks to suitably trained staff members, making clear the expectations from the task and staff members

Examples of good practice:

- Prioritises tasks that require pharmacist intervention and delegates tasks appropriately
- Clearly delegates the task and expectations from staff members
- Considers current workload on staff members before delegating to them

Examples of poor practice:

- Prefers to perform task themselves instead of delegating and teaching others
- Intervenes inappropriately (i.e. too early or too late)
- Doesn't check on progress of delegated tasks

Dealing with interruptions and distractions - appropriately managing interruptions and distractions to ensure that suitable attention is paid to required elements in the pharmacy while maintaining focus and concentration when completing tasks

Examples of good practice:

- Remains adaptable and flexible when completing tasks
- Puts in place mechanisms to avoid interruptions when completing high-risk tasks
- Appropriately handles interruptions when doing tasks
- Balances concentration required for checking with maintaining overall awareness of the environment around them

Examples of poor practice:

- Allows for constant interruptions to disrupt their work
- Gives high-risk tasks priority and doesn't multi-task when completing them
- Attempts to complete too many tasks at one time
- Avoids issues that could be seen as distractions for themselves and others (e.g. phone ringing or patient at counter)
- Gets caught up in insignificant issues in the pharmacy that could be handled by other members of the pharmacy team

Time and resource management - allocating the correct amount of time and suitable resources to ensure tasks are completed safely

Examples of good practice:

- Allocates suitable staff member depending on knowledge and experience to a task
- Sets clear structure for tasks to be completed to avoid last minute rush to complete tasks
- Appropriate distributes workload over the time available

Examples of poor practice:

- Fails to demonstrate appropriate organisational skills leading to periods of overload in workload
- Does not complete adequate amounts of work in periods of reduced busyness
- Inappropriately prioritises tasks
- Leaves undesired tasks for other members of staff or other pharmacists

Pharmacists' Non-Technical Skills (P-NOTS)

- Takes into consideration busy periods when workload should be less in preparation for increased patient walk-ins
- Takes advantage of quiet periods of time during the day/week
- Fails to appropriately manage time during the day

Teamwork: skills for sharing information between the team to work together in order to complete all required tasks in the pharmacy and ensure the pharmacy is safe

Communication - sharing information across team members of the pharmacy in a manner that is suitable

Examples of good practice:

- Uses friendly verbal and non-verbal communication to put staff and patient at ease
- Attentive to staff and patient concerns and issues
- Is open and transparent with errors that occur with team members
- Ensures team on same page regarding issues
- Is clear with staff about issues in the pharmacy
- Communicates to patient any issues related to prescription in clear and appropriate manner

Examples of poor practice:

- Is too formal with staff or patient causing a barrier to transparent communication
- Uses technical 'jargon' with inexperienced staff and patients
- Does not pick up on non-verbal communication from staff and patient
- Does not clearly elicit and communicate expectations from and to staff members and patients
- Ignores team member or patient requests
- Does not share important information

Coordinating and cooperating - working and interacting with other staff within the pharmacy, with each individual completing their allocated tasks to collectively achieve the aims and objectives of the pharmacy in a manner that is safe

Examples of good practice:

- Clearly sets and defines roles and responsibilities for each staff member
- Does not express appreciation and gratitude towards team members
- Adjusts operations in the pharmacy from staff suggestions
- Encourages team members to support and aid one another in completing tasks and balancing workload
- Shares learnings and best practices with team to ensure combined learning

Examples of poor practice:

- Micromanages or undermines staff in the course of their work
- Does not clearly communicate responsibilities and expectations of each staff member towards the team
- Does not adapt based on staff advice
- Fails to create a supportive atmosphere in the pharmacy
- Distracts team members while completing tasks

P-NOTS Rating Form

Skill	Skill Rating*	Element	Element Rating*	Feedback
Leadership		Managing conflicts and difficult situations		
		Displaying authority		
		Creating a safe culture and maintaining standards		
		Supporting the team		
Task management		Delegation		
		Dealing with interruptions and distractions		
		Time and resource management		
Teamwork		Communicating		
		Coordinating and cooperating		
Maintaining situation awareness		Perception of cues in the pharmacy		
		Recognition of escalating situations		
		Anticipation of future states		
Decision making		Information gathering/questioning strategy		
		Making well-informed decisions		
		Implementing decisions accurately		

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Rating Scores

Score	Definition
1 (Poor)	Performance was unacceptable and remedial action is required
2 (Marginal)	Performance indicates a cause of concern
3 (Acceptable)	Satisfactory standard of performance and can be improved
4 (Good)	High standard of performance
N/A	Not applicable to the situation

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