Video 3 – Note Taking

This learning resource accompanies a video in the CPNS Clinical Note Taking Webinar Series. Before completing the activities, please watch the corresponding video, available on our Clinical Note Taking Webinar webpage. You can then work through the activities and reflection prompts at your own pace, either individually or with colleagues, to explore how the learning applies to your pharmacy practice.

Decision-making and uncertainty

Making shared decisions with patients and being candid with:

i) The treatment options available
ii) The risks and benefits of those options
iii) Any uncertainty you may have

Can help facilitate decision-making and reduce your own uncertainty. Politi and Street discuss the importance of communication and having a 'shared mind' with patients in their 2011 article here: https://doi.org/10.1111/j.1365-2753.2010.01549.x

Having peer conversations with other clinicians can also help facilitate your own decision-making process. Consider who you have access to in your pharmacy – is there a pharmacist or technician you can talk through a clinical scenario through with? Do you have a peer network locally with other pharmacy professionals you could run a difficult scenario past? Pausing or parking a consultation to gain a second opinion will help to work through any uncertainty you may have.

Whilst there is little evidence on how clinical uncertainty is worked through in community pharmacy settings, there are manuscripts which consider how pharmacists in other sectors can work through uncertainty with patients when it is encountered https://link.springer.com/article/10.1186/s12875-025-03122-3

Suggested learning activity

Consider a time you were unsure of the best course of action. Discuss with a peer or team member what you did, how you documented it, and how they may approach the situation:

Appropriate abbreviations

Setting – F2F (Face to face)

Sections of the Medical Interview – PC, HPC, PMH(x), DH(x), SHx, RoS

Ideas, Concerns, Expectations – ICE

Allergies – NKDA (none)

Examinations – BP, RR, (O2)Sats, HR, Temp

Dosing – od, bd, tds etc

Blood tests – TFT, FBC, LFT etc

Prescribed therapy - Rx

Contextualised abbreviations – E.g. Otoscopy.... R Ear.

+ a lot ++ lots and lots

-ve negative, +ve positive

? Unsure

The NHS website also has a good list of common abbreviations, which are shared for a patient audience to decode comments written in their medical records https://www.nhs.uk/nhs-app/nhs-app-help-and-support/health-records-in-the-nhs-app/abbreviations-commonly-found-in-medical-records/

Be wary of AMBIGUOUS or niche abbreviations – a list of some of these can be found in this article https://online.ecri.org/hubfs/ISMP/Resources/ISMP_ErrorProneAbbreviation_List.pdf

Tips and Pitfalls

Common Pitfalls

Waffle/prose

Unclear next steps or No plan

No safety netting/escalation advice

Including judgements instead of fact

Duplicating effort (e.g. writing up notes on paper and then transposing)

'Saving' write ups for later

Ambiguous/Niche Abbreviations

Top Tips

Ensure note taking is contemporaneous

Announce to the patient what you will be doing

If routinely consulting remotely, invest in a headset

Don't leave the consultation room until you're finished(!)

Be exacting, comprehensive and concise

Be polite

Be objective

Support any opinions with evidence

Provide a clear, stepwise plan

Reflective Practice (can you either record your own consultations and listen back later? Or ask a colleague to sit in and give constructive feedback? Or observe other people who run clinics regularly?)

Suggested learning activity

Review your notes from a recent patient care interaction.
Following the learning, what would you improve?