Maudsley Learning

Digital version

Mental wellbeing for Pharmacists

Platform orientation and troubleshooting

Date of course: XXX
Course Lead: Dr Soumitra Burman-Roy, Dr Kirsten Howsen & Dr Rory Donnely
Moderators: XXX

Introductions : Faculty

Dr Soumitra Burman-Roy

Consultant Psychiatrist

Insert job title/role here

Dr Kirsten Howsen

A psychiatrist who is currently undergoing dual training in general adult and older adult psychiatry with experience across liaison psychiatry, inpatient and community work.

Dr Rory Donnely

Insert job title here

Welcome! Today's aims & principles

After completing this course those attending will gain knowledge, understanding, and confidence to :

- Provide a framework as close to real life setting as possible
- Increase knowledge base of some clinical scenarios
- Explore some of the core issues of Non-Technical Skills (NTS)

Confidentiality….Professionalism….
Non-judgemental….Emotionally Safe

Learning Aims

To develop skills and confidence in supporting well-being for individuals with long term Mental Health conditions, co-morbid mental and physical health issues and those experiencing mental distress for any reason.

Structure of the day

Structure of the day

Technical intro slides 9.30-9.45
Faculty intro and ice breakers 9.45-10.30
Scenario 1 and debrief 10.30 – 11.20
Break 11.20-11.30
Scenario 2 and debrief 11.30 – 12.20
Scenario 3 and debrief 12.20 – 13.10
Lunch 13.10 to 14.00
Ice breaker/activity/review 14.00 to 14.05
Scenario 4 and debrief 14.05 to 14.55
Break 14.55 to 15.05
Scenario 5 and debrief 15.05 – 15.55
Wrap up/post course evaluation 15.55 to 16.15

Housekeeping

Environment

People living with you may need to know you are in a training session

Please protect this space as you would do in a training center

Some sensitive topics – not child-friendly!

Mobile phones away, please

Comfort

Toilets, fire escape…you know them! Feel free to bring a drink with you

Direct messages

Session recording

Silent observers

Safeguarding note: We have a duty of care to patients even whilst on training, so if any concerns are raised during debriefs we will address them as appropriate.

Participants introduction - ice breaker

Introduce yourself…

- Name?
- Role/place of work?
- Sim experience?
- Favourite film/boxset or place to be?

Hopes and Fears

Why Simulation?

- Experiential learning is invaluable to adult learners
- As close to real life as possible
- Safe learning space
- Non-technical skills as well as knowledge
- It’s fun (we promise!) and there is no assessment

Non-technical skills / Human Factors

Cognitive or mental skills:

- Decision making
- Planning
- Situational awareness
- Triage/prioritization
- Efficient management of multiple patients

Social skills:

- Team-working
- Leadership
- Communication
- Interprofessional collaboration
- Effective coping with disruptions/distractions

Care and Compassion

The Basic Assumption ™

We believe that everyone participating in activities in our Simulation Centre is intelligent, capable, and cares about trying their best to learn and improve.

Equality and Equity

"South London and Maudsley are committed to tackling inequality, eliminating discrimination and harassment, promoting equality of opportunity for all, and fostering good relations."

https://www.slam.nhs.uk/about-us/equality/public-sector-equality-duty/

The Simulation Ethos

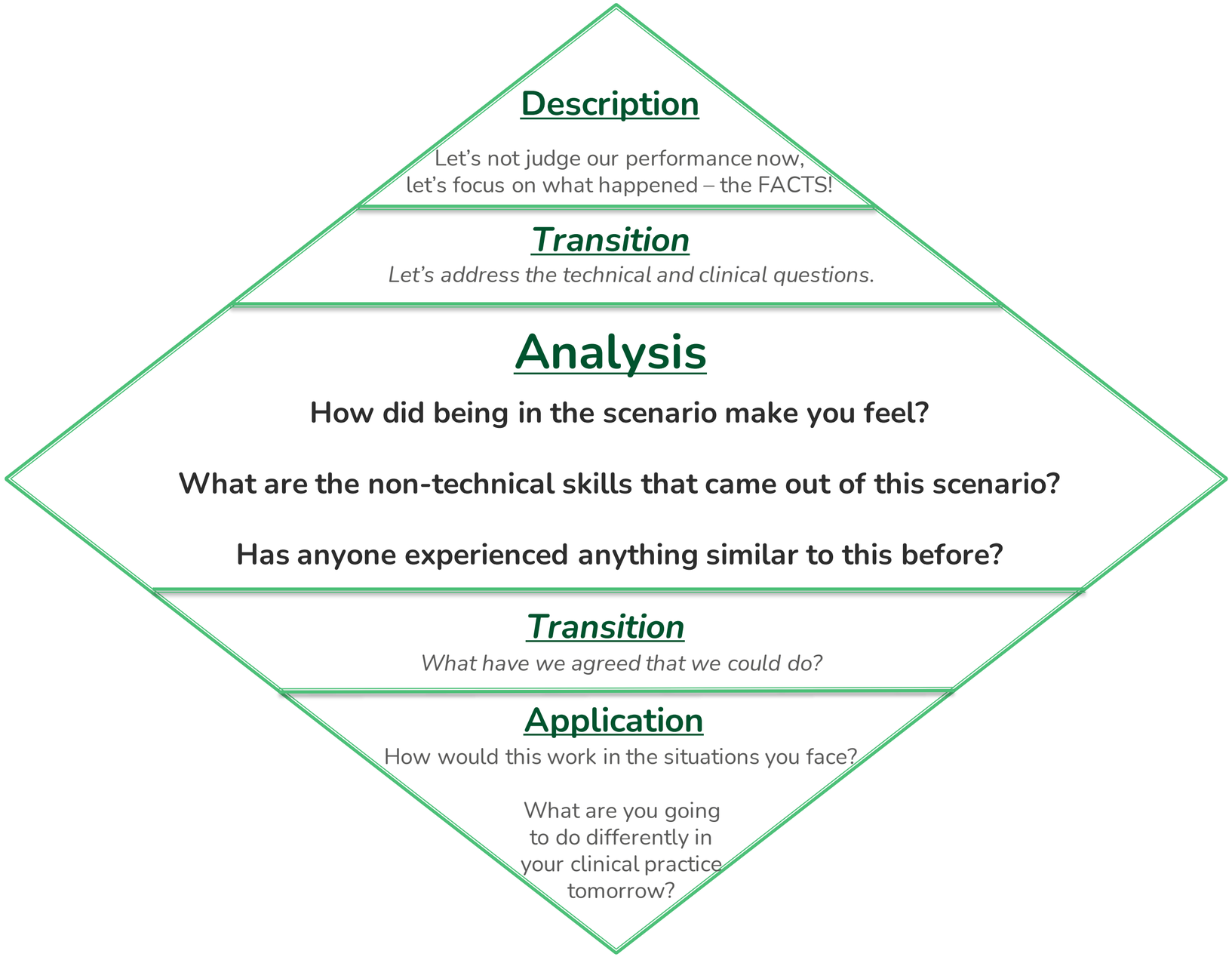
- This is a safe space – no judgments, no interruptions, total respect
- Las Vegas / Fight club
- Be yourself
- Suspension of disbelief
- No one expects you to get everything done in the allocated time
- We value everyone's unique perspective irrespective of role and hierarchy - we are all learners and have lots to share with one another

Simulation -virtual space

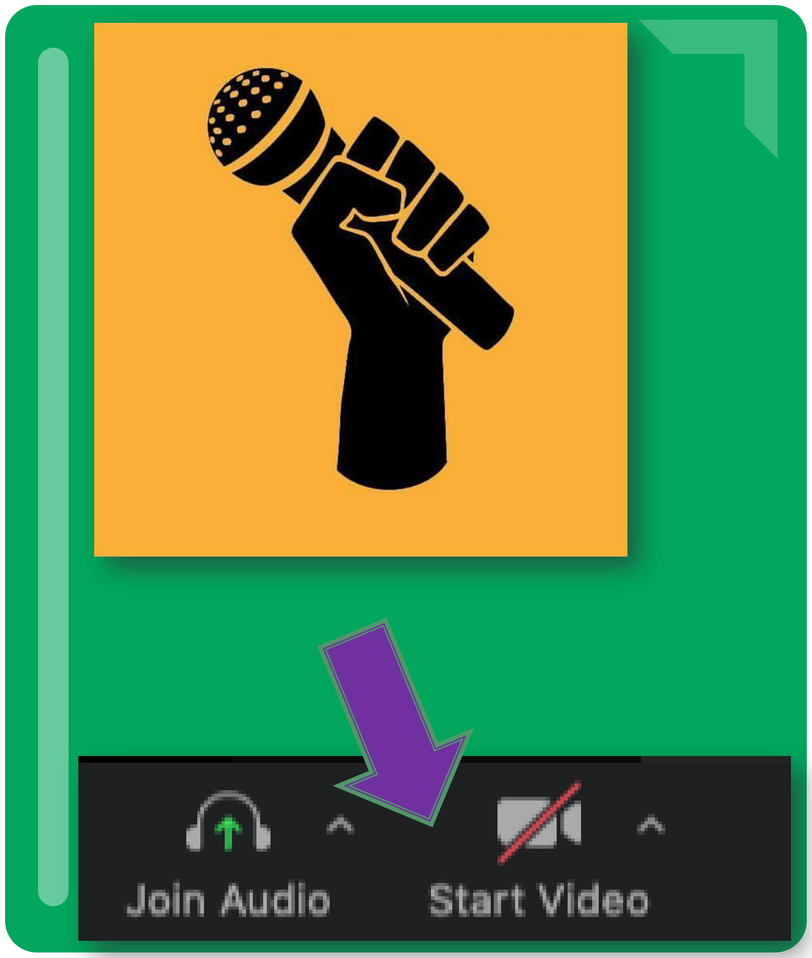
Everyone sees the pre-briefing for the scenario

- **Active participant**
  - You just sit tight – leave your video and mic on
  - The simulated patient will appear
  - You will only see yourself and the patient on screen, no-one else
  - We will end the scenario at an appropriate point by playing a short video
- **Observers**
  - Your camera and microphone is off during the scenario
  - You remain active observers – feel free to take notes!
  - Please do not comment in chat during scenarios
- **Debrief**
  - Everyone turns their camera on after the scenario, ready for the debrief
  - No video replay

Diamond Debrief Model



Reminder about engagement



➢ **Feel free to take the mic!**

- Just remember to unmute first!
- Please raise your hand first
- Make verbal “eye contact”
- Please name the person you want to speak to

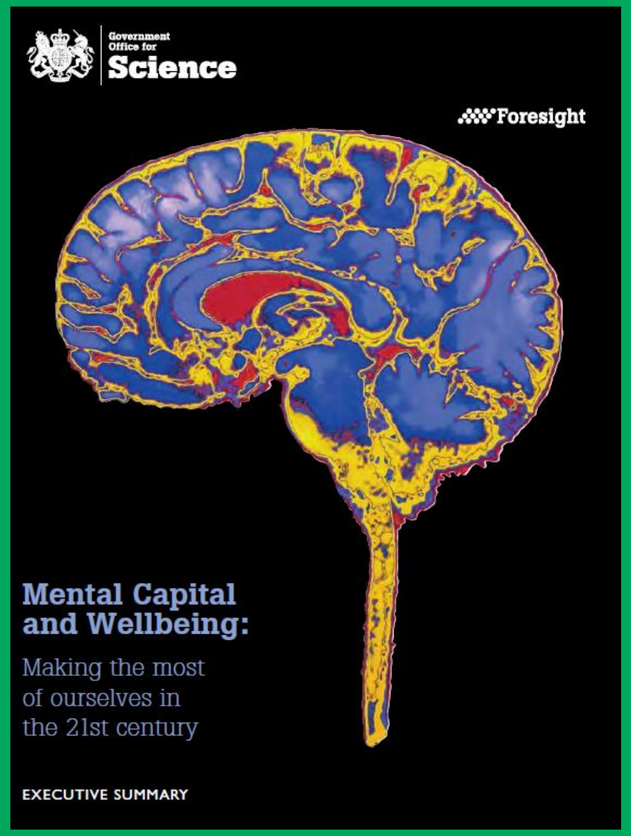
Any questions before starting?

Scenario 1 – Yasmine

Yasmine is a 27 year old woman with a history of asthma and chest infections. This is clear from her large number of inhalers, and frequent prescriptions of steroids and antibiotics. One of the pharmacy team has gone through her inhaler technique with her on 2 occasions this month already, as she was worried she was not using them correctly. You have been asked to see her.

Please introduce yourself to the patient and attempt to build a rapport.

What is mental wellbeing?!



"This is a dynamic state, in which the individual is able to develop their potential, work, productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."
2008

- Before examining what mental wellbeing is, it's important to understand what mental wellbeing is not.

- It is not -
  - The absence of mental illness
  - The lack of problems, challenges, and adversity

"Wellness is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. **Substance Abuse and Mental Health Services Administration (SAMHSA)"**

Five ways to Wellbeing

For each of the five areas consider:

- What do I currently do day to day to build each of the five ways to wellbeing?
- What would I like to do more of?
- What areas could I develop and how?
- What challenges may I face in developing an area?
- What is my next step and when will I make it?

https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/

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Scenario 2 – Maria

Maria has come for her routine pill check. She is 18. She takes the pill to control for menorrhagia and dysmenorrhoea rather than contraception. She has been on antidepressants, Sertraline 100mg for the past year.

You note that there was evidence of self harm in the form of cutting in previous appointments (months ago).

You have been asked to see her for this review

Risk assessment

- Domains of risk

  - To self
    - Self harm, suicide, self neglect, substance misuse, physical health,
  - To others
    - children (own children or other caring responsibilities), partner, family, public, specific others
  - From others
    - Exploitation, DVA

- Thoughts/intent/plans

Dynamic VS Static risk factors

Static and stable risk factors for suicide

- History of self-harm
- Seriousness of previous suicidality
- Previous hospitalisation
- History of mental disorder
- History of substance use disorder
- Personality disorder/traits
- Childhood adversity
- Family history of suicide
- Age, gender and marital status

Dynamic risk factors for suicide

- Suicidal ideation, communication and intent
- Hopelessness
- Active psychological symptoms
- Treatment adherence
- Substance use
- Psychiatric admission and discharge
- Psychosocial stress
- Problem-solving deficits

How to ask about risk

- Don’t be scared – good evidence that asking about suicide does not increase the risk of it.
- Often people feel relieved to have been asked.
- Don’t beat around the bush/use euphemisms.
- Be very clear.
- Self harm is different to suicide.
- Some good training on asking about suicide

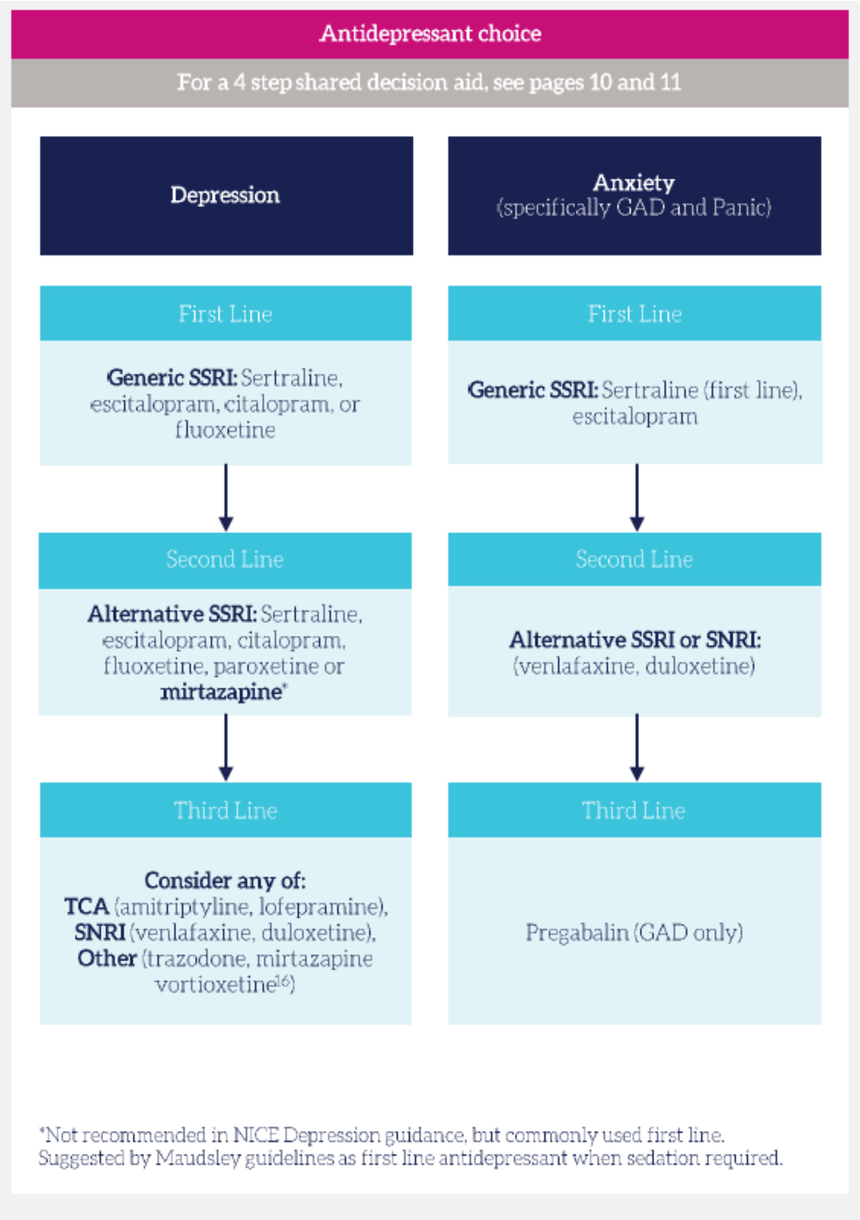
https://www.relias.co.uk/hubfs/ZSA-FullTraining/story_html5.html?utm_source=Relias&utm_campaign=Training-Landing-Page

Signs that you should think about referring someone on

- Risk of harm to themselves or others because of their mental health.
- Significant symptoms of mental illness.
- Currently receiving treatment for mental health problems but still not well.
- History of significant mental health problems.

Antidepressants

https://selondonccg.nhs.uk//wp-content/uploads/dlm_uploads/2022/07/CES-Depression-and-Anxiety-Guide-Publish.pdf



The SCOFF questionnaire

- **A 5 question screening tool designed to clarify suspicion that an eating disorder might exist rather than to make a diagnosis.**

- **S** – Do you make yourself **S**ick because you feel uncomfortably full?
- **C** – Do you worry you have lost **C**ontrol over how much you eat?
- **O** – Have you recently lost more than **O**ne stone (6.35 kg) in a three-month period?
- **F** – Do you believe yourself to be **F**at when others say you are too thin?
- **F** – Would you say **F**ood dominates your life?

3/5 = further investigation

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Scenario 3 – Maria

Maria is a 25 year old. She is 16.5 weeks pregnant with her first child. She has had her dating scan, and her 16 week appointment with her midwife. These have been entirely normal, as have all tests and observations to date. Her last urine dip, BP check were done 3 days ago at her 16 week appointment.

She saw a colleague at your practice 6 weeks ago with headaches across her entire scalp. Her physical exam, vitals, urine and BP were normal.

She presented to the practice 3 weeks ago with tiredness and was seen by the very enthusiastic foundation trainee doctor for 30 minutes. A full systems enquiry and physical examination revealed nothing. Blood tests were requested (FBC, U&E, LFT, GGT, ESR, TFTs, B12, folate, bone profile, vitamin D) and revealed nothing unusual.

She has consistantly declined an HIV/syphillis/hepatitis screen

She has booked in to see a pharmacist for ongoing headaches and tiredness.

Confidential enquiry into maternal deaths

- Suicide profile of childbearing women differs from that of other suicides.

- The women who died were:

Perinatal Period
White, older women
Married
Comfortable living circumstances
Currently being treated
Use/thoughts of violent means
Baby <3 months

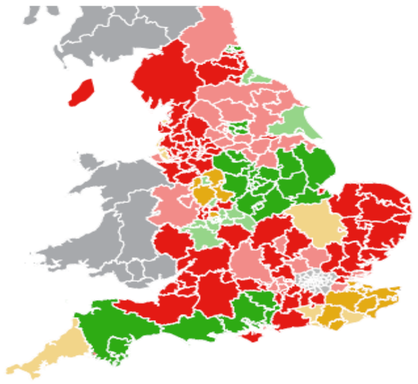
Risk factors for suicide
Male
Older age
Social isolation
Marginalised groups
Low socio-economic groups
Mental Illness or Hx
Past Hx of suicide attempt or family history
Alcohol/substance misuse

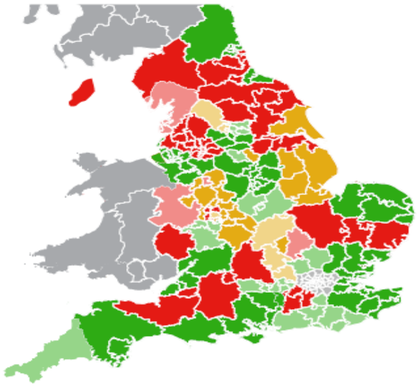
Signs that you should think about referring someone on

- Risk of harm to themselves or their baby because of their mental health.
- Significant symptoms of mental illness.
- Currently receiving treatment for mental health problems but still not well.
- History of significant mental health problems either related to pregnancy or unrelated to pregnancy.

Maternal Mental Health Campaign to Turn the Map Green

The story so far





An estimated*
80%
of Clinical Commissioning Groups met green criteria

2015 2017 2019

LEVEL	COLOUR	CRITERIA
5		Specialised perinatal community team that meets Perinatal Quality Network Standard Type 1 https://bit.ly/2ZRQLIy
4		Specialised perinatal community team that meets Joint Commissioning Panel criteria http://bit.ly/2AhAVeX
3		Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to perinatal psychiatrist throughout working hours.
2		Specialised perinatal psychiatrist AND specialist perinatal nurse with dedicated time
1		Specialised perinatal psychiatrist or specialist perinatal nurse with dedicated time only
0		No provision
		Data not available

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Scenario 4 - Paul

Paul Smith has come in requesting OTC medication/ supplements to help with insomnia and stress. He's been in a few times now and each time appears more upset and desperate.

Please see him

Brief intervention for alcohol

The NICE quality standard on alcohol dependence and harmful alcohol use states:

- Health and social care staff opportunistically carry out screening and brief interventions for hazardous and harmful drinking as an integral part of practice

- Either a short session of structured brief advice or a longer, more motivationally-based session (that is, an extended brief intervention)

    - **Both aim to help someone reduce their alcohol consumption**

- Can be carried out by non-alcohol specialists and use validated screening tools appropriate to the setting, for example, AUDIT

- Use recognised evidence-based resources for brief advice, based on FRAMES principles **(Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy)**

- Sessions 5-15 minutes are offered immediately after screening, or by appointment soon after

Alcohol Misuse Questionnaire

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   (0) Never [Skip to Qs 9-10]
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily
   Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ)

Please recall a typical period of heavy drinking in the last 6 months. When was this? _____/_____/_____

Please select a number (either **0**, **1**, **2**, or **3**) to show how often each of the following statements applied to you during this time.

Questions	Almost never	Some times	Often	Nearly always
I woke up feeling sweaty.	0	1	2	3
My hands shook first thing in the morning.	0	1	2	3
My whole body shook violently first thing in the morning.	0	1	2	3
I woke up absolutely drenched in sweat.	0	1	2	3
I dreaded waking up in the morning.	0	1	2	3
I was frightened of meeting people first thing in the morning.	0	1	2	3
I felt at the edge of despair when I awoke.	0	1	2	3
I felt very frightened when I awoke.	0	1	2	3
I liked to have a morning drink.	0	1	2	3
I always gulped my first few morning drinks down as quickly as possible.	0	1	2	3
I drank in the morning to get rid of the shakes.	0	1	2	3
I had a very strong craving for drink when I awoke.	0	1	2	3
I drank more than 1/4 bottle of spirits a day (or 4 pints of beer/1 bottles of wine).	0	1	2	3
I drank more than 1/2 bottle of spirits a day (or 8 pints of beer/2 bottles of wine).	0	1	2	3
I drank more than 1 bottle of spirits a day (or 15 pints of beer/3 bottles of wine).	0	1	2	3
I drank more than 2 bottles of spirits a day (or 30 pints of beer/4 bottles of wine).	0	1	2	3

Imagine the following situation: (a) You have been completely off drink for a few weeks.
(b) You then drink very heavily for two days.

How would you feel the morning after those two days of heavy drinking?

Symptomd	No	Slight	Moderate	A lot
I would start to sweat.	0	1	2	3
My hands would shake.	0	1	2	3
My body would shake.	0	1	2	3
I would be craving for a drink	0	1	2	3

TOTAL SADQ SCORE = _____

Sleep Hygiene

Top tips to get to sleep and sleep better

Keep regular sleep hours

Making a habit of going to bed when you feel tired and getting up at roughly the same time helps teach your body to sleep better. Try to avoid napping where possible.

Confront sleeplessness

If you are lying awake unable to sleep, do not force it. Get up and do something relaxing for a bit, and return to bed when you feel sleepier.

Create a restful environment

Dark, quiet and cool environments generally make it easier to fall asleep and stay asleep. Watch our video for tips on how to sleep better.

Video: Tips for sleeping better

Write down your worries

If you often lie awake worrying about tomorrow, make it a part of your daily routine before bed to write a list for the next day. This can help put your mind at rest.

Video: Tackle your worries

Move more, sleep better

Not only is regular exercise good for your physical health, but it's good for your mind too – and being active during the day can help you sleep better. Just remember to avoid vigorous activity near bedtime if it affects your sleep.

Better Health: Home workout videos

Put down the pick-me-ups

Caffeine and alcohol can stop you falling asleep and prevent deep sleep. Try to cut down on alcohol and avoid caffeine close to bedtime.

Scenario 5 – Michael

Michael Pascoe has received a recent diagnosis of Diabetes Mellitus II, and been commenced on metformin. He has been booked in for a discussion about his diabetes, and to begin his baseline checks /signposting as appropriate.

He is prescribed Olanzapine 10mg for chronic schizophrenia. He was discharged from secondary care 5 years ago on that dose. He tried Aripiprazole which wasn't effective in the past, so this was switched to Olanzapine.

Please see him

Types of antipsychotics

- **Typical (older)**
  - Haloperidol
  - Amisulpride - Prolactin
  - Depot – Clopixol (Zuclopenthixol) Depixol (Flupentixol)
  - Chlorpromazine

- **Atypical (newer)**
  - Quetiapine - Metabolic
  - Olanzapine - Metabolic

  - Risperidone - Oral & Depot (Risperdal, Paliperidone, Trivecta) - Prolactin
  - Aripiprazole – Oral & Depot
  - Clozapine – agranulocytosis, hypersalvation, gastric hypomotility, myocarditis/ cardiomyopathy (fatal 1/1000)

Side effects

- Sedation
- Weight gain/ Metabolic Syndrome
- Akathisia Restlessness
- EPSEs (Parkinsonian)Slowed movements/tremor
- QTc elongation
- Hyperprolactinaemia - >2500 mIU/L; rule out organic cause
- NMS - muscular rigidity, hyperthermia, altered consciousness and autonomic dysfunction following exposure to antipsychotic medication – raised CK

Antipsychotic and QTc elongation

Table 1.24 Effects of antipsychotics on QTc[18,19,23-51]

No effect	Low effect	Moderate effect	High effect	Unknown effect
Brexpiprazole*	Aripiprazole†	Amisulpride§	Any intravenous antipsychotic	Pipotiazine
Cariprazine*	Asenapine	Chlorpromazine	Pimozide	Trifluoperazine
Lurasidone	Clozapine	Haloperidol	Sertindole	Zuclopenthixol
	Flupentixol	Iloperidone	Any drug or combination of drugs used in doses exceeding recommended maximum	
	Fluphenazine	Levomepromazine		
	Loxapine	Melperone		
	Perphenazine	Quetiapine		
	Prochlorperazine	Ziprasidone		
	Olanzapine‡			
	Paliperidone			
	Risperidone			
	Sulpiride			

* Limited clinical experience (association with QT prolongation may emerge).
† One case of torsades de pointes (TDP) reported,[52] two cases of QT prolongation[53,54] and an association with TDP found in database study.[55] Recent data suggest aripiprazole causes QTc prolongation of around 8 ms.[56] Aripiprazole may increase QT dispersion.[57]
‡ Isolated cases of QTc prolongation[27,58] and has effects on cardiac ion channel, I_{Kr},[59] other data suggest no effect on QT_C.[19,25,26,60]
§ TDP common in overdose;[21,61] strong association with TDP in clinical doses.[55]

Table 1.27 Management of QT prolongation in patients receiving antipsychotic drugs

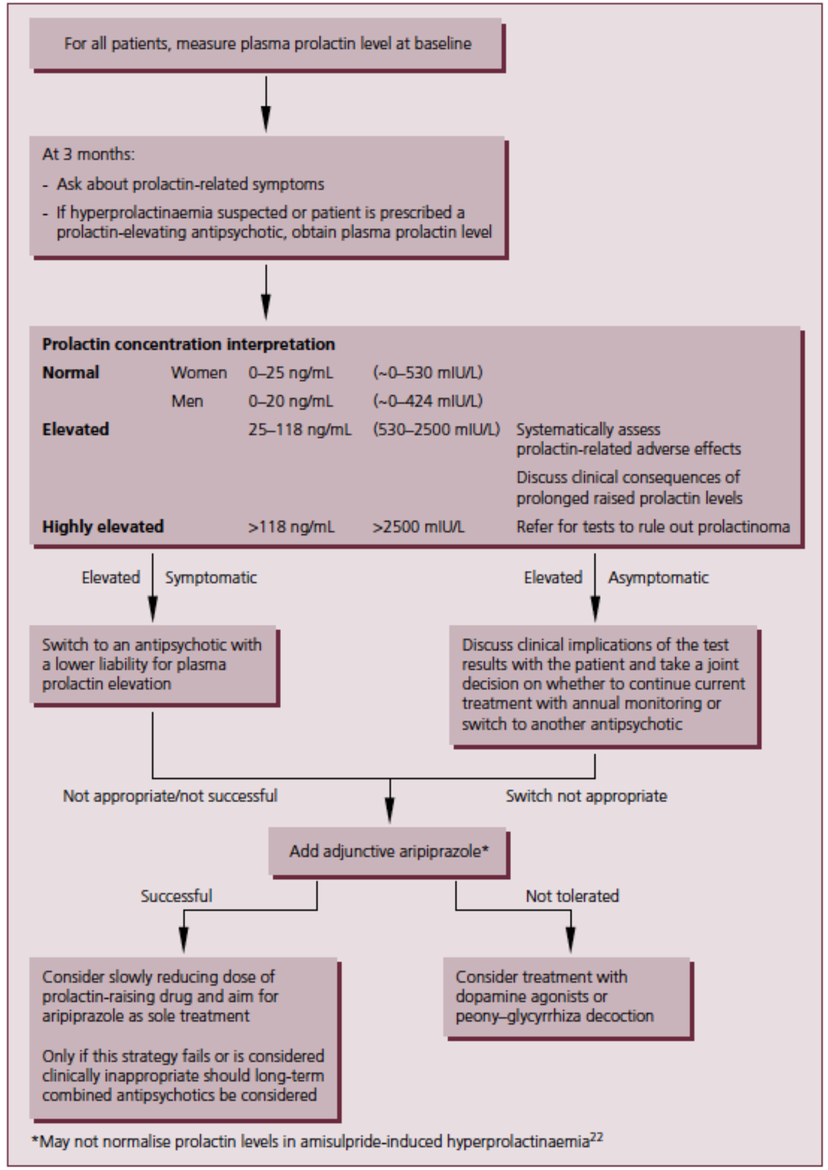
QTc	Action	Refer to cardiologist
<440 ms (men) or <470 ms (women)	None unless abnormal T-wave morphology	Consider if in doubt
>440 ms (men) or >470 ms (women) but <500 ms	Consider reducing dose or switching to drug of lower effect; repeat ECG	Consider
>500 ms	Repeat ECG. Stop suspected causative drug(s) and switch to drug of lower effect	Immediately
Abnormal T-wave morphology	Review treatment. Consider reducing dose or switching to drug of lower effect	Immediately

Taylor, David M., Thomas RE Barnes, and Allan H. Young. *The Maudsley prescribing guidelines in psychiatry*. John Wiley & Sons, 2018.

Anti-Psychotic: Prolactin

Table 1.33 Effects of antipsychotic medication on prolactin concentration[4–9]

Prolactin-sparing (prolactin increase very rare)	Prolactin-elevating (low risk; minor changes only)	Prolactin-elevating (high risk; major changes)
Aripiprazole	Lurasidone	Amisulpride
Asenapine	Olanzapine	Paliperidone
Brexpiprazole*	Ziprasidone	Risperidone
Cariprazine*		Sulpiride
Clozapine		FGAs (e.g. haloperidol and chlorpromazine)
Iloperidone*		
Quetiapine		



Taylor, David M., Thomas RE Barnes, and Allan H. Young. *The Maudsley prescribing guidelines in psychiatry*. John Wiley & Sons, 2018.

How can we help people to introduce changes?

Motivational Interviewing

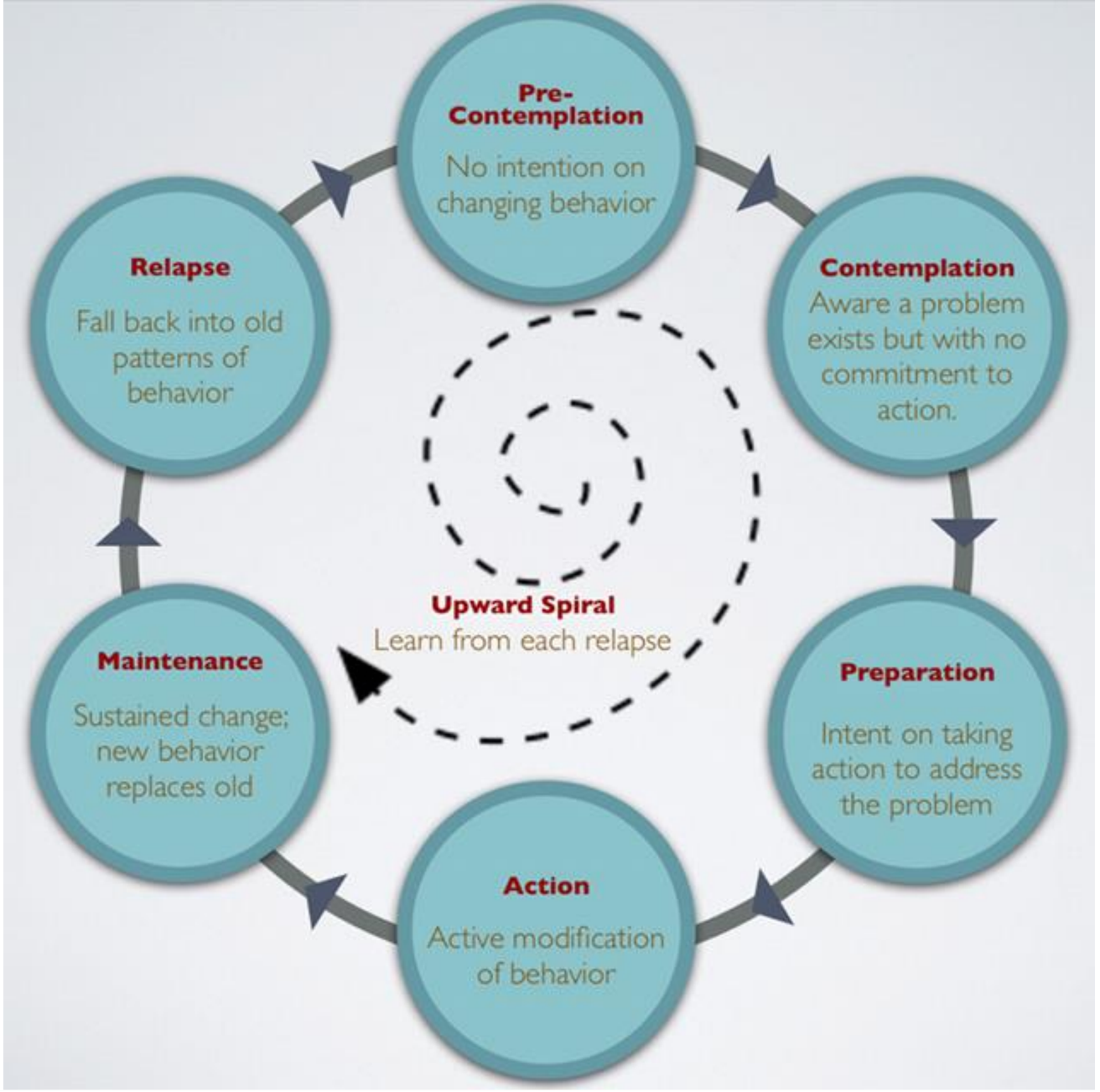
❖How does motivational interviewing (MI) work?

- MI uses a guiding style to engage clients, clarify their strengths and aspirations, evoke their own motivations for change and promote autonomy in decision making
- MI is based on these assumptions:

  - how we speak to people is likely to be just as important as what we say
  - being listened to and understood is an important part of the process of change
  - the person who has the problem is the person who has the answer to solving it
  - people only change their behaviour when they feel ready - not when they are told to do so
  - the solutions people find for themselves are the most enduring and effective.

4 general principles of MI

R - resist the urge to change the individual's course of action through didactic means
U - understand it's the individual's reasons for change, not those of the practitioner, that will elicit a change in behaviour
L - listening is important; the solutions lie within the individual, not the practitioner
E - empower the individual to understand that they have the ability to change their behaviour. (Rollnick et al 2008)


Pre-Contemplation
No intention on changing behavior
Contemplation
Aware a problem exists but with no commitment to action.
Preparation
Intent on taking action to address the problem
Action
Active modification of behavior
Maintenance
Sustained change; new behavior replaces old
Relapse
Fall back into old patterns of behavior
Upward Spiral
Learn from each relapse

Course review – What have we covered?

- Deliberate self- harm
- Suicide risk assessment
- Sleep difficulties
- Heightened emotions
- Alcohol use/ misuse
- Amotivation to address health

Recap on today's aims

After completing this course those attending will gain knowledge, understanding, and confidence to :

- To refresh and develop further confidence and skill in ***taking a psychiatric history***, ***conducting a risk assessment***, ***generating a holistic patient formulation***, and ***performing a mental state examination*** in common mental disorders
- To develop your confidence, knowledge and skills in the ***management*** of common mental disorders
- To better see how ***mental*** and ***physical health problems overlap*** and ***how to deal with the two together***
- To learn how to ***verbally de-escalate*** challenging situations more effectively
- To better understand and be able to apply the ***Mental Capacity*** and ***Mental Health Acts***
- To begin to explore the ***dynamics*** within a consultation and the ***factors that might impact*** on them
- To enhance ***non-technical skills*** e.g., team working and communication with colleagues

Hopes and Fears Review

Further reading / resources

cultural variations in presentation
motivational interviewing a brief pointer guide
https://www.calm.com/
https://www.london.gov.uk/what-we-do/health/zerosuicideldn-campaign-launched
https://calmharm.co.uk/
https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/
https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/
https://www.bullying.co.uk/
https://www.cnwl.nhs.uk/services/mental-health-services/addictions-and-substance-misuse
https://www.drinkaware.co.uk/tools/track-and-calculate-units-app

One You: “We're here to help you make small changes that fit your life, so you feel better and healthier every day.”

https://www.nhs.uk/oneyou/apps/

https://www.nhs.uk/oneyou/how-are-you-quiz/

https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/mental-health-toolkit.aspx
https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/

Sleepio: https://www.sleepio.com/clinic/

Sleepstation: https://www.sleepstation.org.uk/
https://www.solacewomensaid.org/
https://www.cruse.org.uk/

Final Thoughts or Feedback you'd like to share?

Evaluation: post-course

- We really value your input
- Help us improve and develop our courses
- Complete this to receive your certificate immediately
- Raise your (digital) hand once complete

Access link here
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No. 38
or…

Use your phone's QR reader
Open camera app and hover phone over code
Click pop up link → survey

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