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## Workplace-based assessment tool

Entrustable professional activity (EPA) 3

Providing counselling

Preceptor and intern user guide

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## List of Abbreviations

Abbreviation	Term
<b>APC</b>	Australian Pharmacy Council
<b>EPA</b>	Entrustable Professional Activity
<b>ITA</b>	In Training Assessment Activity
<b>ITP</b>	Intern Training Program
<b>QUM</b>	Quality Use of Medicines
<b>SPO</b>	Short Practice Observation

## Who should use this document

This document is to be used by pharmacist interns, preceptors, supervising pharmacists and Intern Training Program (ITP) providers.

This document outlines the Entrustable Professional Activity – Providing counselling developed by the Australian Pharmacy Council (APC) for use in the assessment of pharmacy interns in Australia.

The tool is intended to assist with the assessment of an intern's achievement of one or more of the performance outcomes listed in the Performance Outcomes Framework 2020<sup>1</sup> which accompanied the 2020 Accreditation Standards for Pharmacy Programs in Australia<sup>2</sup>.

**Interns** will use the tool and the templates for seeking feedback on their performance when counselling patients and/or carers about their medications, and creating a Development Plan to enhance performance.

**Preceptors and supervising pharmacists** (collectively referred to as Supervisors) will use the tool and templates for assessing the intern's performance, providing feedback to the intern, and reviewing the intern's plan for future development.

**Intern Training Program providers** will incorporate the tool into the Intern Portfolio, which is the compiled record of the intern's achievements during the intern year, and which is used as the basis for determining whether the intern has achieved many of the performance outcomes. ITP providers may choose to use the assessment of this EPA as part of the formal requirement of the ITP.

## Reference documents

Familiarity with the following documents is recommended and they should be read in conjunction with this User Guide.

1. Intern Pharmacist and Preceptor Guide. Current version. Published by the Pharmacy Board of Australia. Available on the Pharmacy Board of Australia website at [Pharmacy Board of Australia - Home](#).
2. Performance Outcomes Framework 2020. Published by the Australian Pharmacy Council (APC). Available on the APC website at [Home | Australian Pharmacy Council](#)
3. Intern Year Assessment Blueprint. Current version. Published by the Australian Pharmacy Council (APC). Available on the APC website at [Home | Australian Pharmacy Council](#)

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<sup>1</sup> Accreditation Standards for Pharmacy Programs in Australia. Performance Outcomes Framework 2020. ©Australian Pharmacy Council at [Accreditation Standards for Pharmacy Programs | Australian Pharmacy Council](#).

<sup>2</sup> Accreditation Standards for Pharmacy Programs in Australia 2020. ©Australian Pharmacy Council at [Accreditation Standards for Pharmacy Programs | Australian Pharmacy Council](#).

# Overview: Entrustable Professional Activity (EPA)

## 3: Providing counselling

This Entrustable Professional Activity (EPA) should be understood and undertaken within the overarching principles of Quality Use of Medicines (QUM) and person-centred care.

In the context of this EPA, providing counselling is applicable to counselling as part of dispensing prescription medications, and supplying non-prescription medications on request. It may be appropriate to carry out an assessment of EPA 1 together with EPA 3; the assessments can also be carried out independently.

### EPA description

Title	Providing counselling
<b>Specifications and limitations</b>	<p><b>Outcome:</b></p> <p>Patients, carers, and other customers are provided with, and are able to understand accurate, relevant, contemporary, and tailored advice and education on the use of their medicines and on non-pharmacological and lifestyle measures designed to improve and maintain their health; adherence and quality use of medicines are promoted.</p> <p><b>Specifications:</b></p> <p>Patient privacy and confidentiality are respected and maintained.</p> <p>Counselling is carried out in a culturally safe manner.</p> <p>Communication content and style are appropriate for the person's health literacy and communication needs.</p> <p>Information provided is specific and relevant to the patient.</p> <p>Language appropriate to the situation and participants is used.</p> <p>Appropriate tone, volume and pace are used.</p> <p>Communication failures/barriers/difficulties are identified and addressed.</p> <p>Written or other additional sources of information are used appropriately to support verbal communication.</p> <p>Patient/carer questions are solicited and answered appropriately.</p> <p>Patient/carer understanding is assessed.</p>

	<b>Limitations:</b> None
<b>Potential risks in case of failure</b>	Inappropriate, inaccurate and/or incomplete counselling may lead to individual patient harm and/or harm to the health and safety of the public.
<b>Most relevant performance outcomes</b>	<p><b>3.17:</b> providing appropriate tailored counselling, information, and education to enable safe and effective medication, disease state and lifestyle management.</p> <p><b>4.2:</b> identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.</p> <p><b>5.3:</b> recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice.</p>
<b>Required knowledge, skills, attitudes, and experiences (A RICH)</b>	<p>Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations (C)</p> <p>Knowledge of non-pharmacological and lifestyle interventions (C)</p> <p>Knowledge of privacy and confidentiality requirements (C)</p> <p>Communication skills (C)</p> <p>Interpersonal skills including empathy (I)</p> <p>Cultural respect and responsiveness (I)</p> <p>Person-centred approach (I)</p> <p>Awareness of personal limitations (H)</p> <p>Willingness to seek assistance (H)</p>
<b>Information sources to assess progress and ground a summative entrustment decision</b>	<p>Short practice observations (SPO) – template provided</p> <p>Patient/carer feedback – template provided</p> <p>Reflection on performance by intern – written or oral<sup>3</sup></p> <p>Entrustment discussions – guidance and template provided</p>

<sup>3</sup> The template provided as part of the ITA – Reflection is a useful resource for this reflection by the intern

<b>Entrustment/supervision level expected at which stage of training</b>	Level 2 or 3 on entry to intern year Level 4 by end of intern year; may be entrusted earlier
<b>Time period to expiration if not practiced</b>	Not applicable to intern year

## Information sources

### Short practice observations (SPOs)

A short practice observation (SPO) would generally involve a supervising pharmacist observing the intern while counselling a patient and/or carer. Observations may also be carried out by other pharmacy staff as a means of providing a range of perspectives. When included as part of an intern's overall Training and Development Plan for the intern year, a minimum of 6 SPOs is considered appropriate for assessing the performance of the intern on this EPA; sampling should cover a range of scenarios from simple counselling where few barriers are present, through to more complex situations requiring the intern to be critically aware of and responsive to cultural or other diversity, or where the scenario is in itself more complex as a result of polypharmacy, co-morbidities and other factors. Ideally, SPOs should be spaced throughout the period of supervised practice to allow for observation of improvements in performance. It is not intended that SPOs be carried out in clusters or close together in time, but regularly spaced and scheduled at times when an intern is considered to have improved since a previous SPO. As a notional guide, an interval of 6-8 weeks between SPOs would seem appropriate in many circumstances.

There are two forms associated with feedback and assessment of intern performance on this EPA. These are the:

1. EPA 3 – Providing counselling: Feedback on Short Practice Observation (SPO)
2. Assessment of EPA 4 – Providing counselling

The first form should be completed after each SPO; the second should be used in conjunction with the first form after selected SPOs.

#### EPA 3 – Providing counselling: Feedback on Short Practice Observation (SPO)

Following the SPO, the intern should complete the sections on the Feedback form which ask for their reflection on their own performance. Once the intern has completed these sections, a discussion should be held with the observer who can provide their feedback. The intern may be able to complete their sections of the template while feedback is being gained from the patient/carer. Following the feedback discussion, the intern should spend some time reflecting on their own reflection and supervisor feedback, and create a Development Plan to address any areas where improvements could be made. This Development Plan can be used as the basis for selecting the next opportunity for an SPO, and also as the basis for evaluating progress during the intern year.

All questions on this template should be addressed for initial counselling SPOs, however as interns gain more experience and expertise, the focus should be on changes since the last SPO, and all questions may not need to be answered in detail.

### Assessment of EPA 4 – Providing counselling

As part of selected SPOs, an entrustment discussion (see below) should also occur between the intern and the observers. The most appropriate time for this discussion to occur is after the feedback discussion between intern and supervisor, but before the intern completes the Development Plan. Documentation of the entrustment discussion is carried out using the Assessment form.

The basis for assessment judgements is that of the extent to which the intern *meets expectations* for their level of experience and stage of internship. This means that considerable judgement is needed by the supervisor in assigning ratings; further, what constitutes meeting expectations will clearly change as the internship progresses. Supervisors are encouraged to reflect in advance of the discussion phase on their own expectations, and to be realistic in their assessments, particularly in the early stages of the intern year. Expectations will also be dependent on any barriers or constraints evident in the context in which counselling is undertaken.

Three rating levels are included: **Meets expectations**, **Borderline** and **Requires improvement**. A fourth rating of **Not assessed** can be used where appropriate. The following table is a guide to the use of these ratings.

<b>Meets expectations</b>	Comfortably meets expectations for most or all aspects of the criterion; no major concerns exist with the intern's demonstrated performance
<b>Borderline</b>	Meets expectations for some aspects of the criterion but not others; some concerns exist about the intern's demonstrated performance
<b>Requires improvement</b>	Intern's performance meets expectations in few, if any, aspects of the criterion; major concerns exist about the intern's demonstrated performance
<b>Not assessed</b>	This rating should be reserved for SPOs carried out later in the intern year, where the focus is on specific aspects of the counselling process rather than overall.

By the end of the intern year, the intern is required to demonstrate performance which would meet the expectations of a pharmacist who has newly gained general registration.

## Flowchart

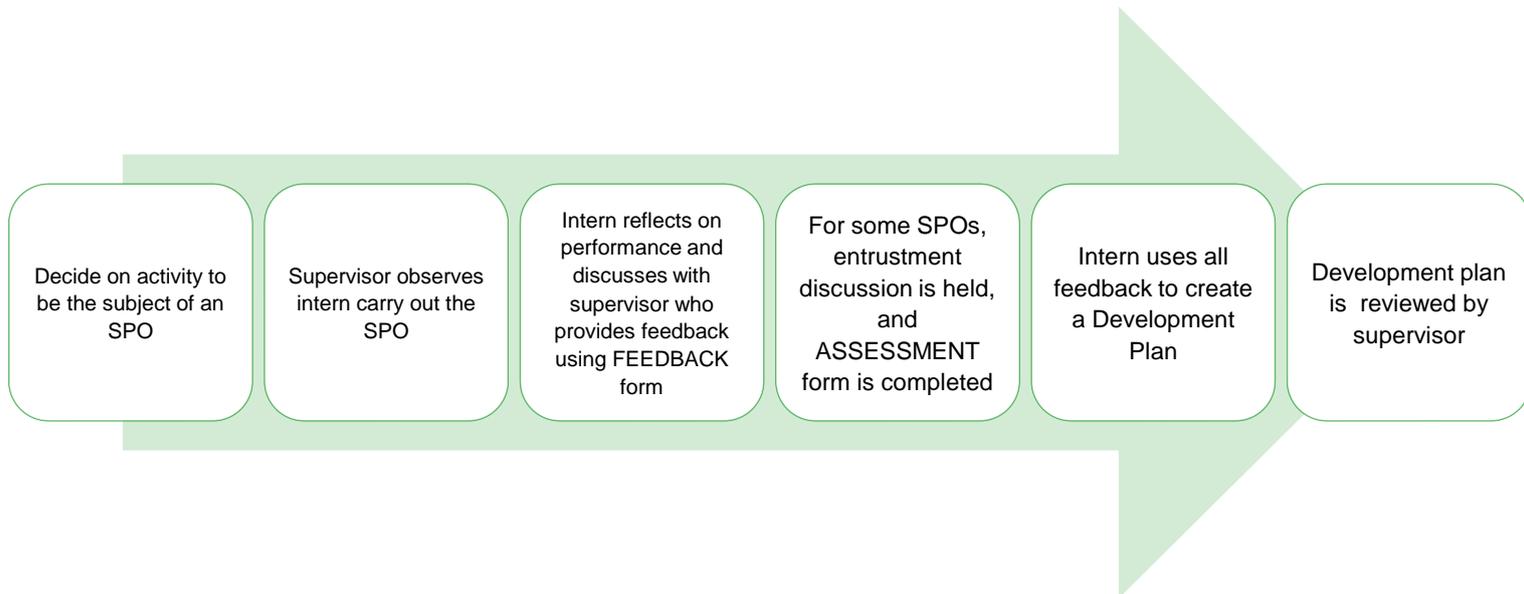


Figure 1: Steps in assessment of EPA 3 – Counselling

## Patient/carer feedback

As key stakeholders, and integral participants in the counselling process, feedback on their experience should be sought from patients and carers and used to assist the intern in developing skills and confidence. The patient/carer should be asked in advance for consent to provide feedback. The feedback received should be recorded; a template is provided for this purpose.

Seeking feedback from the patient or carer may be more appropriately be carried out by a third party such as the supervisor. The template is very simple and can be augmented by additional questions or comments if the discussion proceeds in particular directions. The template can be completed by the patient/carer, or by the supervisor engaging in conversation with the patient/carer. Where the feedback is collected through a discussion between the patient/carer and supervisor (or other staff member), the questions which are asked do not need to correspond to the questions on the form, but can be chosen according to the particular situation. What is important it to capture the patient/carer experience as clearly as possible.

## Entrustment discussions

The entrustment discussion is intended to provide additional evidence to support (or not) a decision that an intern can be trusted to perform the EPA with a lower level of supervision (i.e., to progress from one level of supervision to the next). Using the four-step framework, the preceptor should require the intern to:

1. explain the activity
2. demonstrate depth of knowledge

3. demonstrate awareness of risks
4. demonstrate adaptive capacity and expertise (by answering “what-if” questions).

## Key elements of entrustment discussions

- Discussion of intern’s reflection on performance
- Review of SPO reports
- Review of patient/carer feedback
- Use of probing questions such as:
  - appropriate and inappropriate sources of advice and information
  - evaluation of critical information/advice to include in (and exclude from) counselling
- Evaluation of intern’s understanding of risks:
  - risks of providing too much or too little information
  - risks associated with adopting a “formulaic” rather than person-centred approach
  - risks associated with a lack of cultural awareness/responsiveness/safety
  - intern’s possible “blind spots”
- Use of “what-if” questions such as:
  - patient/carer becomes alarmed or concerned by advice or information received
  - dispensing error, drug interaction, contraindication or other issue identified during counselling
  - communication barriers unable to be resolved
  - patient/carer reluctant to receive counselling
  - patient/carer disagrees with intern
  - breach of privacy/confidentiality occurs
  - new medication which intern has never encountered

**Ad hoc entrustment discussions** can be held at any stage of the intern year and should form part of the overall evidence on which a summative entrustment decision is based. An ad hoc entrustment decision should form part of specific SPOs, and the outcomes recorded on the relevant form. The aim should be to give the intern a clear idea of where performance has been strong and where further improvement is necessary.

When either the intern or preceptor considers that the intern may be ready for the next level of supervision, a **summative entrustment discussion** may be held. At this discussion, evidence from previous activities, feedback and discussions should be reviewed, and the

supervisor should ask additional questions until such time as a decision in favour of entrustment to act with a lower level of supervision can be justified.

**For level 4 entrustment**, following a summative entrustment discussion, and based on available evidence, the preceptor will need to answer the questions:

**Do I trust this intern to counsel patients and carers as safely and appropriately as a fully registered pharmacist?**

**Do I trust this intern to adapt counselling style and content appropriately to different patients and situations?**

If the answers to both questions are **YES**, a level 4 entrustment decision may be appropriate. It is important to note, however, that even when an intern has been entrusted at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply. Supervisors will need to balance the level of supervision that is required by the intern with the professional responsibility of the supervisor to ensure accountability and patient safety.

As part of the final submission by preceptors to ITP providers at the end of the supervised practice period, ITP providers should consider including a declaration by the preceptor as to the level of entrustment given to the intern for this EPA at the time of the final declaration.



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