EXEMPLAR

Assessment of EPA 3 - Providing counselling

Intern name	EPA-3b	**Ahpra registration**	PHA000XYZ123
Intern training program	ITP ABC	**Stage of internship**	☐ 0-3 months ☐ 3-6 months ☒ 6-9 months ☐ 9-12 months
Practice setting	☒ Hospital ☐ Community ☐ Other (describe):		

About this form

This form is to be used for assessment of EPA 3 - Providing counselling.

Instructions for interns

After completing an SPO and the Feedback form relating to counselling a patient or carer, take part in the entrustment discussion with the supervisor. This should occur before you complete your Development Plan.

Instructions for supervisors

After observing the intern counselling a patient or carer, complete the Feedback form with the intern. Before the intern completes the Development Plan, hold an entrustment discussion with your intern. Use this template to record your feedback. Indicate the level of supervision under which the intern carried out this EPA. Encourage the intern to use the results of the entrustment discussion in the Development Plan.

Performance outcomes to be assessed

3.17: providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management.

4.2: 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.

5.3: recognising and responding to the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice

Entrustment discussion components – supervisor comments

Reflection on performance – areas of strength and areas for improvement

Areas of strength

- [Intern] spoke clearly and concisely and was well understood by the patient.
- [Intern] was able to ask the patient appropriate questions, for example, “have you given yourself an injection before?”
- [Intern] was able to correctly answer the patient’s questions, for example, when the patient asked, “are the injections still just given once a week?”.
- [Intern] provided comprehensive counselling in a private, quiet location (counseling room) in relation to how to subcutaneously self-inject methotrexate once a week.
- Following suggestion from the preceptor, the [Intern] showed a video to the patient on how to inject SC methotrexate to support their counselling points.
- [Intern] checked with the patient about continuing with the folic acid on a separate day to the methotrexate injection and continue taking her other medications for rheumatoid arthritis.
- [Intern] was considerate of the patient’s needs and included details about how to dispose of the injection after use and provided a sharps bin to the patient at no charge.

Areas for improvement

- [Intern] could have asked Janine more questions to ascertain the reason for commencing SC methotrexate. The [Intern] did not elicit adequate information and missed identifying the patient was being switched from oral to SC administration due to side effects. Therefore, this point was not sufficiently covered during communication with the patient initially. The preceptor provided additional communication about this.
- [Intern] was focused on educating about the injection and [Intern] did not make clear that Janine should stop the oral methotrexate and that the subcutaneous methotrexate would take the place of the oral dose. It was assumed the patient understood this. Methotrexate is a medication that if misused can cause serious patient harm. [Intern] should continue to focus on the simple messages that can become forgotten when dealing with a more complex dispensing such as making sure the patient understands to stop the oral medication and only administer the subcutaneous injection once weekly. [Intern] should have made this a point to include this in her counselling. [Intern] could also suggest to Janine to help avoid any mix up with the medication it would be a good idea to either return the old methotrexate tablets to the pharmacy or to store them somewhere safely out of the way, so they are not going to be taken by mistake. The preceptor provided additional communication about this.

- While [Intern] is familiar with resources such as the AMH 2022, (which was initially used to review key counselling points) [Intern] needs to broaden their repertoire of resources, especially when a demonstration of a device is required for counselling. [Intern] was introduced to two different online resources which she was then able to use when providing patient counselling. The video enhanced the injection and device counselling.

Ability to access information when needed

[Intern] had a plan of what counselling resources she would use. However, after seeing what the preceptor was able to share with her as alternative resources, she incorporated these into her counselling. The intern acknowledged that it was a limitation in her knowledge as she did not know these resources existed

[Intern] initially referred to suitable resources including Australian Medicines Handbook (AMH) to help her with key counselling points

[Intern] was receptive to supervisor advice to use more tailored resources from the National Prescribing Service (NPS)[1] and the Australian Rheumatology Association[2], including sharing a video on how to subcutaneously self-inject methotrexate[3] with the patient

[Intern] provided a CMI specifically about methotrexate use in RA

1. Low-Dose Methotrexate for Rheumatoid Arthritis and Psoriatic Arthritis (nps.org.au)
2. Methotrexate (rheumatology.org.au)
3. Self-Injecting Methotrexate for the Treatment of Arthritis (rheumatology.org.au)

Reasoning in relation to appropriateness and safety

[Intern] did not make clear that Janine should stop the oral methotrexate and that the subcutaneous methotrexate would take the place of the oral dose. If the patient were to continue the oral dose in addition to the subcutaneous dose this patient may come to serious harm. Having a good understanding of high-risk medications and the additional counselling requirements to minimise risk associated with their use is paramount for safety.
[Intern] also made sure that the patient was well educated on how to safely administer the dose and dispose of the used syringe afterwards into a sharps bin.

Risk awareness

[Intern] was aware that Methotrexate is a 'high risk' medication and that it is only to be taken for RA once weekly. She also demonstrated she was aware that folic acid is usually to be co-administered on a different day to help mitigate side effects.
[Intern] needs to make sure she doesn't forget to counsel patients when to stop a medication as well as provide counselling for the medication being dispensed at the time as this was not sufficiently covered by [Intern] during this episode of care.

What-if questions (see below)

- What if the patient was not on any form of contraception? Would you have provided counselling around risks if she was to become pregnant while on her medication regime?
- What if an issues was identified during counselling such as the patient was not taking folic acid when they were meant to be?
- What if the patient's rheumatoid arthritis was so severe that she was unable to self-administer the injection?
- What if someone other (her husband or another relative) than the patient came in to collect the prescription?

Other comments (including any actions necessary to improve performance)

Safety is paramount when dispensing high-risk medications (e.g. those that fall into APINCH categories). Make sure the patient has good understanding of what to stop when starting a different version of the same medication, as taking both could lead to serious patient harm.
[Intern] needs to consider more broadly available resources and what form they come in. Videos are particularly useful when demonstrating how to use a device, and something that patients can refer to in their own time later.

[Intern] should develop familiarisation in relation to resources that exist to support patient education for medications to treat chronic medical conditions and have her own resource list for various common chronic conditions (e.g RA).

Entrustment decision (completed by supervisor)[1]:	☐ 1	☐ 2	☒ 3	☐ 4

Supervisor	**Name:**	Preceptor	**Intern**	**Name:**	Intern
	Date:	xx/xx/xxxx		**Date:**	xx/xx/xxxx
	Signature:	Preceptor		**Signature:**	Intern

Levels of supervision related to entrustment decision

Level 1	Observe only, even with direct supervision
Level 2	Perform with direct, proactive supervision and intervention
Level 3	Perform with indirect proximal (nearby) supervision, on request and quickly available
Level 4	Perform with minimal supervision, available if needed, essentially independent performance. *It is critical to note, however, that even when an intern has been deemed entrustable at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply. In addition, at least one pharmacist with general registration must be physically present on the premises in accordance with legal requirements under the Health Practitioner Regulation National Law.*

What-if questions

These are designed to evaluate the intern's adaptive expertise. What would you do if:

- unable to read prescription
- unable to contact prescriber for clarification
- pressure from patient
- invalid prescription presented
- possible forgery presented
- not therapeutically safe or appropriate

[1] Entrustment level 1 is "Observe only" and its use during the intern period is expected to be rare.