

EXEMPLAR

Case-based discussion (CbD)

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| Key themes Mental health; anxiety; insomnia; complementary medicines; valerian; patient referral | |
| <p>Scenario in prose</p> <p>A new patient presents to a community pharmacy seeking some advice about feeling anxious, irritable, and tired, and requests valerian tablets from the intern pharmacist. The intern pharmacist conducts the consultation with the patient in the counselling room. The intern determines the patient has symptoms that require further investigation and refers the patient to their doctor, noting that valerian is not appropriate for them. On reflection, the supervisor and intern agree this would be a good activity for a case-based discussion, starting with the intern pharmacist presenting the case.</p> <p>History of presentation</p> <p>Brad complains of feeling anxious, tired, and irritable most days for the last six months. He describes that he often feels 'on edge', he has difficulty getting to sleep and usually has a maximum of 5 hours sleep a night. Brad has been under pressure at work and explains that he has been finding it difficult to cope and has been experiencing difficulties in his relationship. Brad has not previously tried anything to treat his symptoms. Today, he is seeking advice, and requests valerian tablets.</p> <p>Medications</p> <ul style="list-style-type: none"> esomeprazole 20mg daily lisinopril 20 mg daily mometasone nasal spray 50 mcg/dose, 1 spray into each nostril daily polyvinyl alcohol 14mg, povidone 6mg/mL eye drops 0.4mL 30, as required | <p>Patient information</p> <ul style="list-style-type: none"> Name: BN Age: 37 Gender identification: Male <p>Medical history</p> <ul style="list-style-type: none"> coeliac disease Gastro-oesophageal reflux disease (GORD) hypertension allergic rhinitis dry eye <p>Relevant history</p> <ul style="list-style-type: none"> Brad does not smoke. He consumes 1-2 glass of wine three nights a week. His blood pressure is 130/85mmHg. He has no known allergies |

Performance Outcomes (PO)¹ to be demonstrated

| Performance outcome(s) | Description |
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| 3.7 | assessing current health, medical and medication histories, and profiles of patients |
| 3.8 | formulating and implementing health, medical and medication management plans in collaboration with patients, carers, and other health team members |
| 3.9 | formulating and implementing appropriate monitoring of the outcomes of health, medical and medication management plans and adjusting them where appropriate in collaboration with patients, carers, and other health team members |
| 3.10 | facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complication |

The activity may also provide evidence relating to other performance outcomes and this should be recorded in the 'Intern assessment and feedback form'

¹Case-based discussion: Preceptor and intern user guide. [Intern Workplace-based Assessment | Australian Pharmacy Council.](#)

Key activities undertaken

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| <p>Patient consultation</p> <p><i>Intern undertakes consultation with patient in a private area of the pharmacy</i></p> | <p>The intern:</p> <ul style="list-style-type: none"> • obtained relevant health, medical and medication information from the patient • demonstrated a structured person-centred approach to consultation and an appropriate medical, medication and social history • assessed the current health, medical and medication history of the patient • determined that the supply of valerian was inappropriate for the patient's presenting symptoms. Intern noted they found it challenging to communicate this point to the patient • considered referral criteria and red flag type symptoms which would warrant referral for medical care to the emergency department or general practice. • applied evidence-based practice, related to complementary medicines, to support clinical reasoning. The intern was unsure about the 'best' evidence-based resource for complementary medicines • discussed their thought process with the preceptor pharmacist in determining the safety and appropriateness of supplying valerian tablets. • demonstrated a safe and effective closure to the consultation including referral to a medical professional, in an appropriate timeframe (e.g., 1-3 days). Intern was not confident about the timeframe for referral |
| <p>Joint decision for CbD</p> | <p>The preceptor and intern agree this would be a good activity for a case-based discussion. The preceptor advises the intern to prepare for the discussion.</p> |
| <p>Case presentation</p> <p><i>Intern presents case and discusses with preceptor</i></p> | <p>The intern presents the case to the preceptor using <i>ISBAR</i>² format, and covers the following key information:</p> <ul style="list-style-type: none"> • Brad, a 37-year-old male presented to the pharmacy with symptoms of anxiety and worry and requested some valerian to assist • symptoms have been occurring most days for 6 months. The patient also describes feeling 'on edge', fatigue and sleep disturbance. The patient has a history of coeliac disease, Gastro-oesophageal reflux disease (GORD), hypertension, allergic rhinitis, and dry eye well controlled with esomeprazole, lisinopril, mometasone nasal spray and lubricant eye drops • the persistent symptoms described by the patient indicate the possible presence of an anxiety disorder, which can often be debilitating. There is insufficient evidence for suggesting valerian would be suitable for this patient. • the patient must be referred for further assessment. The general practitioner will consider differential diagnoses before a formal diagnosis is made. |
| <p>Discussion</p> | <p>Key elements of discussion:</p> <ul style="list-style-type: none"> • differential diagnoses e.g., generalised anxiety disorder, depression, hyperthyroidism, overuse of salbutamol • red flag and referral criteria • determining appropriate management e.g., to treat or refer • approach to managing generalised anxiety disorder in adults and young people <p>Potential questions about the case:</p> <ul style="list-style-type: none"> • "Describe your approach in responding to requests for complementary medicines and assessing the evidence base for their use". • "Discuss the effectiveness of valerian in treating insomnia". • "Outline an appropriate timeframe for this patient to consult with their general practitioner and explain your rationale for this recommendation". • discuss the appropriateness of alternate non-prescription medicines such as doxylamine (Restavit) or promethazine (Phenergan) tablets for supply to the patient, providing reasons for this recommendation. • discuss how the management approach might differ if the patient was a 20-year-old female with no medical conditions. |

² "ISBAR" <https://www.safetyandquality.gov.au/sites/default/files/migrated/ISBAR-toolkit.pdf>

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| Feedback and Assessment | <p>At the end of the discussion, the preceptor pharmacist provides the intern with written and verbal feedback. The preceptor's feedback (summarised below) describes the strengths that the intern had demonstrated and suggests some opportunities to develop their practice further.</p> <p>A full assessment is completed via the 'Intern assessment and feedback form'. In this form:</p> <ul style="list-style-type: none"> • The intern documents their reflection on their performance before the preceptor completes their feedback. • The preceptor notes that the intern demonstrated achievement of some performance outcomes outside the scope of the CbD and recommends areas for development. |
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| Performance outcome(s) | Preceptor feedback and expectations of Intern** |
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| 3.7 | The intern obtained relevant health, medical and medication information from the patient. |
| 3.8 | The intern identified that valerian was inappropriate for the patient's symptoms and referral to the GP was the most appropriate recommendation; but found it challenging to communicate this to the patient, recognising the patient was seeking a 'natural' product to try now. The intern is progressing towards formulating a management plan in collaboration with the patient. The intern could improve by communicating the urgency of referral, as they were not confident about what timeframe to recommend the patient see their doctor. |
| 3.9 | The intern did not offer any advice to the patient about ongoing monitoring of their symptoms. Recommending appropriate monitoring of the patients' medical condition and symptoms can optimise patient outcomes. |
| 3.10 | The intern is progressing towards facilitating patient self-management. The Intern could improve their consultation by recommending non-pharmacological strategies to optimise the patients' health outcomes and wellbeing such as good sleep hygiene and psychosocial therapies. |

***Note that the feedback and expectations of the Intern should consider and be tailored to the stage of training of the Intern.*