

EXEMPLAR

EPA 3 – Providing counselling: Patient/carer feedback form

Intern name	Intern EPA-3a	Ahpra registration	PHA000XYZ123
Intern training program	ABC ITP	Stage of internship	<input type="checkbox"/> 0-3 months <input checked="" type="checkbox"/> 3-6 months <input type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months
Practice setting	<input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Community <input type="checkbox"/> Other (describe):		
Date feedback provided	xx/xx/xxxx		

About this form

This form is to be used to collect feedback from patients or carers following counselling by an intern. It may be completed by the patient/carer or by the supervisor in conversation with the patient/carer. In general, it should not be completed by the intern.

Instructions for interns

Request your supervisor (or other pharmacy staff member if appropriate) to seek feedback from a patient or carer whom you have recently counselled (or are planning to counsel).

Instructions for supervisors

Ask a patient/carer whom the intern has recently counselled (or is planning to counsel) if they are willing to provide feedback on the counselling they have (or will) received. Offer the option to the patient/carer of completing this form directly, or through conversation with you. You may also nominate another appropriate pharmacy staff member to approach the patient/carer. Feedback from the patient/carer should inform your entrustment discussion about this EPA.

Sample words for inviting patient or carer to provide feedback

You recently spoke with our intern pharmacist about your medicines and we are very keen to know how you felt during the conversation. Intern pharmacists are fully qualified but are going through a training period where they are supervised by a more experienced pharmacist to learn more, and improve their skills and confidence. Your feedback will be very helpful for the intern pharmacist to know what they did well, and particularly what they could do better next time. Please be honest in your comments as our intern is very keen to know how to help you as well as they can. If you would like, you may complete the form yourself, otherwise I am happy to write down your thoughts as we speak.

[Where applicable] Please return the completed form to me.

Thank you very much for your time.

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 is to capture the patient/carer experience as clearly as possible.

Please use the checkboxes to indicate your responses.

	Patient	Carer	Neither	I do not want to say
I am the...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you agree with the statements below?

	Agree	Unsure	Disagree	Do you have any comments?
I received advice and information that is relevant to me (or the patient)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt comfortable speaking to the intern pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I felt heard and respected by the intern pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I feel confident in using the advice and information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
I feel reassured the medicine/advice is right for me (or the patient)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Is there any other additional feedback you would like to give?

The pharmacist asked me if I had any questions or concerns at the end which I appreciated.

Thank you for your feedback.
 Please return this form to staff in the pharmacy dispensing area.