

EXEMPLAR

EPA-3 Providing counselling

Key themes Methotrexate, rheumatoid arthritis, self-injection, high-risk medicines, counselling

Scenario in prose

A 32-year-old female, Janine Dwyer comes to the pharmacy - an outpatient dispensary in a hospital setting - having been given a prescription for subcutaneous injection of methotrexate from her rheumatologist. As Janine is being commenced on a new form of medication, including self-injection that would require additional counselling, the supervising pharmacist and intern agree this is an opportunity to perform a short practice observation (SPO) of the intern's counselling process when supplying the medication, including the provision of appropriate tailored information to enable safe and effective medicine use.

History of presentation

Janine was diagnosed with rheumatoid arthritis (RA) 8 months ago and was initially commenced on oral methotrexate with the dose eventually stabilised at 20 mg once weekly. Following six-weekly reviews with her rheumatologist, sulfasalazine was added, and due to ongoing symptoms hydroxychloroquine was commenced thereafter.

Her RA symptoms are now well controlled, however during her recent consultation with her rheumatologist Janine mentioned she is nauseated frequently, and this has affected her appetite, is affecting her day-to-day activities (work), and has contributed to weight loss (5kg in 4 months), now weighing 46kg. To alleviate the nausea, likely due to her oral methotrexate, the rheumatologist has decided to switch from oral to subcutaneous methotrexate 15mg/0.3mL injection, with the directions to inject 0.3mL (15mg) once weekly on Mondays. The dose of the subcutaneous methotrexate injection is noted to be different to the oral dose the patient has been taking, and this was intentional and confirmed with the prescriber before supplying the medicine.

Medications

- Methotrexate 20mg orally once weekly on Mondays
- Folic acid 5mg orally once weekly on Fridays
- Sulfasalazine EC 1000mg BD
- Hydroxychloroquine 400mg in the morning
- Levonorgestrel IUD 19.5mg
- Celecoxib 200mg daily PRN for joint pain

Patient information

- Janine Dwyer
- 32-year-old woman

Medical history, including allergies and adverse drug reactions

- Appendectomy (2007)
- Rheumatoid arthritis – diagnosed 8 months ago
- Nil known drug allergies

Performance Outcomes (PO)¹ to be demonstrated

Performance outcome(s)	Description
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.

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

Key activities undertaken during the short practice observation

Preparation for counselling and SPO	<p>The intern:</p> <ul style="list-style-type: none"> consults the <i>Australian Medicines Handbook</i>² to review counselling points. Printed a CMI for methotrexate and makes a note of relevant sections in preparation for counselling <p>The preceptor:</p> <ul style="list-style-type: none"> Explains to the patient they (preceptor) will observe the Intern providing counselling and invites the carer to provide feedback via the EPA 3 - Providing counselling: Patient/carers feedback form following counselling they will have received.
Counselling <i>Intern provides counselling to the patient.</i>	<p>The intern:</p> <ul style="list-style-type: none"> provides comprehensive counselling in a private, quiet location (counselling room) speaks clearly and concisely and is well understood by the patient. asks the patient relevant questions to gauge their understanding demonstrates how to subcutaneously self-inject methotrexate once a week using video for prompts considers the patient's needs and included details about how to dispose of the injection in sharps container is expected to discuss the rationale for switching from PO to SC methotrexate however missed identifying that the patient had been experiencing significant side effects from PO methotrexate. The preceptor provided additional communication about this is expected to make clear that Janine should stop the oral methotrexate and that the subcutaneous methotrexate would take the place of the oral dose and suggest returning the old methotrexate tablets to the pharmacy. The preceptor provided additional communication about this. checked with the patient about continuing with the folic acid on a separate day to the methotrexate injection and to continue taking her other medications for rheumatoid arthritis Used common resources² to check counselling points and incorporated additional resources^{3, 4, 5} following preceptor advice.

¹ Entrustable professional activity (EPA) 1: Counselling. Preceptor and intern user guide. [Intern Workplace-based Assessment | Australian Pharmacy Council](#)

² Australian Medicines Handbook, 2022. Methotrexate. "Counselling"

³ [Low-Dose Methotrexate for Rheumatoid Arthritis and Psoriatic Arthritis \(nps.org.au\)](#)

⁴ [Methotrexate \(rheumatology.org.au\)](#)

⁵ [Self-Injecting Methotrexate for the Treatment of Arthritis \(rheumatology.org.au\)](#)

Entrustment discussion	<p>Preceptor and Intern then regroup to have an entrustment discussion.</p> <p>Key elements of discussion: explore understanding of and provide feedback about patient-centered communication including:</p> <ul style="list-style-type: none"> the reason for the switch to injectable methotrexate and how this was discussed with the patient – to alleviate nausea counselling patient to make clear that the new weekly methotrexate SC injection will take the place of the weekly oral methotrexate explaining and demonstrating how to inject methotrexate subcutaneously and instructing the patient how to safely dispose of the used methotrexate injection into a sharps container the approach to checking with the patient about her preferred day for once weekly administration remains Mondays and ensuring that the patient continues to take oral folic acid on an alternative day to her methotrexate and continues her other medicines <p>‘What-if’ questions</p> <ul style="list-style-type: none"> “What if you find out new information during counselling such as that the patient was not on any form of contraception?” “What if an issue 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 than the patient (partner, relative) had come to collect the new medication”.
Feedback and assessment of EPA	<p>At the end of the entrustment 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>An assessment of EPA is documented via the ‘Assessment of EPA-3 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 EPA and recommends areas for development.

Performance outcome(s)	Preceptor feedback and expectations of Intern**
3.17	<p>The intern is providing counselling points on most of the factors when supplying a new medication including comprehensive information about how to use the injection, when to administer, potential benefits and adverse effects; but in this case the patient was getting a new form of an existing medicine and Intern must always reinforce key points such as the reason for switching to this new injection and making sure the patient understood the oral medicine is being replaced.</p> <p>The intern has good communication skills and can gather and provide information in such a way that is understood by the patient.</p>
4.2	<p>Intern is using some drug information to support counselling and was able to ask preceptor about additional resources to use for injectable medicines; for future Intern needs to consider additional resources to support counselling where practical demonstration would be useful</p>

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