

EXEMPLAR

EPA 3 – Providing counselling: Short practice observation (SPO) feedback form

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|--------------------------------|---|----------------------------|--|
| Intern name | EPA-3b | Ahpra registration | PHA000XYZ123 |
| Intern training program | ITP ABC | Stage of internship | <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input checked="" type="checkbox"/> 6-9 months <input type="checkbox"/> 9-12 months |
| Practice setting | <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Community <input checked="" type="checkbox"/> Other (describe): Outpatient dispensary | | |
| Medications counselled | Methotrexate SC Injection | | |
| Date | xx/xx/xxxx | Supervisor name | Supervisor |

About this form

This form should be used to document feedback following an SPO of the intern providing counselling.

Instructions for interns

Ask your supervisor to observe you counselling a patient or carer. Complete the reflection section then discuss your reflections with your supervisor. Complete your Development Plan, and review it with your supervisor. All questions should be addressed for initial counselling SPOs, however as you gain more experience and expertise, the focus should be on changes since your last SPO, and all questions may not need to be answered in detail.

Instructions for supervisors

Indicate whether the intern's performance Meets expectations (ME), is Borderline (BL), Requires improvement (RI), or was Not assessed (NA), and provide feedback about your assessment. Ask the intern to complete the Development Plan, and then review the Plan with the intern. This should be used to inform the entrustment discussion, which should be documented on the Short Practice Observation and Assessment of Entrustable Professional Activity form.

| Aspect | Intern reflection | | | Supervisor assessment and feedback | | |
|---|--|--|--|------------------------------------|---|--|
| | What I did well | What I could have done better | Extra comments | Intern performance ME/BL/RI/NA | What you did well | What you could have done better |
| Privacy/confidentiality respected and maintained; Counselling carried out in a culturally safe manner | I offered the patient a private space to conduct the counselling. | I should have asked the patient why she was switching to the subcutaneous injection. | I thought the patient took on board the information I provided well. | ME | Agree that you chose an appropriate private place to provide counselling. | |
| Communication content/style appropriate for health literacy/communication needs; language appropriate to the situation and participants; Appropriate tone, volume and pace | I spoke clearly and used appropriate language to help with clearly describing the injection. | Started with general open-ended questions such as why the change to the injectable medicine. | | BL | Your tone was caring and engaging with speaking with Janine. | Missed a really simple but important communication point – you needed to communicate to STOP the oral methotrexate and make sure Janine understands the s/c is in place of the |

| Aspect | Intern reflection | | | Supervisor assessment and feedback | | |
|---|--|--|--|------------------------------------|--|--|
| | What I did well | What I could have done better | Extra comments | Intern performance ME/BL/R/NA | What you did well | What you could have done better |
| | | | | | | oral (i.e. do not take both forms of methotrexate.) |
| Information specific and tailored to patient/carer | I asked open ended questions that were specific to Janine's prescription. | I could have covered more perhaps in the counselling. | I didn't want to say too much as I didn't want the counselling session to be too long. | BL | You gave her the opportunity to share about herself by asking open ended questions, providing information to help you tailor your counselling to the individual. | Make sure you remind the patient to continue their folic acid and check if they need a further supply. Never feel rushed as what your doing is providing very important information to your patient - do not discount the importance of counselling. |
| Information accurate and up to date | I used information from both ARA and NPS that was up to date and accurate. | I should have looked further than in the AMH for the counselling information which the preceptor ended up helping me with. | Glad my preceptor was able to point me towards more comprehensive references for counselling, especially the video. I am glad I now know about these resources available on the NPS and ARA websites | ME | You chose the 2022 AMH to check details about counselling which was up to date and accurate. | Choice of resources to assist with counselling - your choices would have been ok, but the Australian Rheumatology Association (ARA) and National Prescribing Service (NPS) have more targeted and specific resources |
| If relevant: Communication issues identified and addressed | N/A | N/A | N/A | N/A | N/A | N/A |

| Aspect | Intern reflection | | | Supervisor assessment and feedback | | |
|--|---|--|--|------------------------------------|--|--|
| | What I did well | What I could have done better | Extra comments | Intern performance ME/BL/R/NA | What you did well | What you could have done better |
| Other information chosen/used appropriately to support verbal communication | I initially used the AMH 2022 to find the information I was going to communicate when I was going to demonstrate the self-administration of the injection which I think might have been ok. | I could have thought about looking for a video to demonstrate the administration of the injection - rather than preceptor suggesting it. | I am glad I now know about these resources available on the NPS and ARA websites | BL | You chose to initially use the AMH 2022 for counselling points which is ok but I hope you can see that there are other references more suitable to support your communication such as the video on how to inject the methotrexate. | Be familiar with patient counselling resources for common chronic conditions from organisations that relate specifically to the medical condition in this case Rheumatoid Arthritis and the Australian Rheumatology Association ARA. |
| Patient/carer questions solicited and answered appropriately | My questions to Janine were appropriate and Janine was able to provide answers. I also provided the answers to her questions. | I should have asked at the end of the counselling if Janine had any further questions | | ME | You did ask and answer questions appropriately and correctly. | Make sure you at the end of the counselling session you ask the patient to relay back to you what they understand from your counselling. This gives you the opportunity to clarify what they now know and helps see if you have missed anything. |
| Patient/carer understanding assessed | I checked with Janine that she was happy to self-inject the medication | I could have asked her at the end of the counselling what she understood was to happen now she had been prescribed subcutaneous injectable methotrexate. | | BL | Overall, Janine appeared to understand what you were telling her as you were clear in your instructions of how to administer the medication and you made sure she had a video reference to refer back to later when at home if needing further training. | Really important to ensure that Janine understood not to take the oral methotrexate anymore and to continue the oral folic acid on a different day to the methotrexate. |

Supervisor comments

Really important to advise patient to stop taking the oral methotrexate and only take the subcutaneous injection in place of the oral dose, as doubling up on the dose could result in serious harm to the patient. Also remind the patient to continue taking the folic acid and take on a different day to the injectable methotrexate ie on the Friday as originally prescribed. Methotrexate is a high-risk medication. Do you know about the A PINCH list of medications? Always think deeply about the medication you're dispensing and what it is being used for. Always consider where you might find the most appropriate resources to help support the patient counselling, websites for organisations for a chronic condition are great places to find patient resources. Providing the patient with access to an administration video in this circumstance is really valuable as the patient can repeatedly watch the video whenever they need, helping to support them at any time they need it.

Intern should create development plan – goals, activities, time frames – then review with supervisor

Learn about the medications that fall into the A PINCH list. Read PDL and PBA notifications about methotrexate and what has gone wrong in the past with pharmacist's dispensing and counselling contributing to patients coming to harm and how to avoid this. Do this within the next 2 weeks and have a discussion with your preceptor in 2 weeks about what you have discovered, including providing a written list of generic medications that fall into the various A PINCH categories and a framework for counselling that you have come up with specifically for A PINCH medications to ensure patients have clear and safe instructions on how to take their medications. Make a list of common chronic diseases and then look up if they have organisations or associations online that have patient counselling resources. Look through these websites and their resources, familiarizing yourself with them so you will know in future where to find this useful information. Do this within the next 4 weeks and review with me in 1 month.