

## EXEMPLAR

### EPA 3 – Providing counselling: Short practice observation 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<br><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): |                     |  |
| Medications counselled  | Metformin 500mg tablets (new medicine)   |                     |  |
| Date                    | TBC  | Supervisor name     |  |

#### 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  |
| <b>Privacy/confidentiality respected and maintained; Counselling carried out in a culturally safe manner</b>  | I talked to the patient in a quiet place  | It seems that even though I was in a quiet place, the pharmacy staff could hear me. I could try and speak in a lower voice.     |  | ME                                 | Intern took the patient to a private quiet place to counsel them on the medication  | Intern could have spoken more softly so others in the pharmacy did not hear  |
| <b>Communication content/ style appropriate for health literacy/ communication needs; language appropriate to the situation and participants; Appropriate tone, volume and pace</b> | I explained everything, like side effects, how take the medicine, when to take it | I just need to check that my volume is high enough for the patient to hear me but not too loud so that everyone else also hears | I might suggest that we put a few more barriers like a shelf in front of the quiet room so that voice don't transmit so much | ME                                 | 1) Intern provided medicines information to the patient in a manner that was easy and clear to the patient.<br>2) The Intern asked appropriate questions. | Intern did not check if the patient understood what was being delivered to them in the counselling session.<br><br>The Intern could engage more in two-way conversation rather than deliver all counselling points at once |

|  |   |  |  |    |  |  |
|--|---|--|--|----|--|--|
| <b>Information specific and tailored to patient/carer</b>                          | She [the patient] asked a lot of questions and I was able to answer all of them   |  |  | RI |  | Intern did not acknowledge the patient's feelings about starting metformin                                       |
| <b>Information accurate and up to date</b>   | I double checked everything I said in the AMH   | I may have appeared not very confident, but I wanted to make sure I was accurate |  | ME | 1) Intern explained what the medication is.<br>2) Intern explained how and when to take the medication<br>3) Intern explained the side effect profile to the patient | Intern attempted to counsel the patient to the best of their ability.<br><br>Competence and experience will grow |
| <b>If relevant: Communication issues identified and addressed</b>                  |   |  |  | RI | Intern lacked confidence while counselling the patient.  | Not concerned about this at this stage of training. There is time to improve                                     |
| <b>Other information chosen/used appropriately to support verbal communication</b> |   | I forgot to print or offer CMI   |  | RI |  | Intern did not offer or issue a CMI.   |
| <b>Patient/carer questions solicited and answered appropriately</b>                | I answered all questions well, I think  |  |  | ME | Intern listened to the patient and responded appropriately.  |  |
| <b>Patient/carer understanding assessed</b>  | Its hard for me to ask the patient to repeat what I said. While I think I answered all her questions, I really do not know if she actually understood | Try to check patient understanding throughout the consultation.                  |  | RI | You answered all the questions well but were not able to assess if the patient really understood the information   |  |

### Supervisor comments

For the stage of training, intern is still working on fully demonstrating performance 3.17. For diabetes, counselling on disease state and lifestyle modification are really important. As a priority at this stage your development plan should focus on this aspect. Then we will address the other performance outcomes, 4.2 and 5.3

*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*

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

*S: I am going to ensure to check for other comorbidities and talk about lifestyle management for every patient that I encounter. I am going to be especially mindful of including these questions and providing non-pharmacological advice when talking to diabetic patients.*

*M: I am going to create a template of routine questions that I will ask patients/investigate when I review a prescription. I will also reflect on my next encounter with a diabetic prescription and ask my preceptor/supervisor to perform an ad hoc SPO*

*A: We see a lot of diabetic patients so this will give me a lot of practice*

*R: This will prepare me for the oral examination especially*

*T: I will do this for the next one month.*