

EXEMPLAR

Assessment of EPA 1 - Dispensing

Intern name	Intern EPA-1B	Ahpra registration	PHA000XYZ123
Intern training program	ABC ITP	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 type="checkbox"/> Other (describe):		
Date of activity	TBC	Prescription category	Schedule 4 / Anticoagulant

About this form

This form is to be used for assessment of EPA 1 - Dispensing medicines.

Instructions for interns

Ask your supervisor to observe you dispensing a prescription from one of the categories chosen for this EPA. Complete the Dispensing Log, and the Critical Error And Near Miss Log if required. Take part in an entrustment discussion with your supervisor.

Instructions for supervisors

Observe the intern dispensing a prescription. Review all information sources specified in the EPA and hold an entrustment discussion with the intern. Use this template to record your feedback.

Performance outcomes to be assessed

3.14: dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes.

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.

Entrustment discussion components – supervisor comments

<p>Reflection on performance – areas of strength and areas for improvement</p> <p>Areas of strength:</p> <p>Therapeutic elements of dispensing</p> <ul style="list-style-type: none"> [Intern] demonstrated that they can take a mostly satisfactory medication and medical history to consider appropriateness of prescribed medicine. [Intern] asked about over-the-counter (OTC) medication use and identified that the patient was using non-prescription ibuprofen as needed and identified that ibuprofen should be avoided while taking an anticoagulant due to increased risk of bleeding and recommended ceasing ibuprofen and commencing an alternate simple analgesia agent such as paracetamol [Intern] demonstrated appropriate use of evidence-based drug resources throughout dispensing activity [Intern] was able to provide safe, appropriate, and specific recommendations for identified medication issues. E.g., the dose of apixaban 2.5mg BD for Pulmonary Embolism (PE) treatment is incorrect and Intern recommended appropriate dosing of apixaban 10mg BD for 7/7 then 5mg BD. [Intern] checked relevant pathology results for assessing safety and appropriateness of apixaban e.g. kidney function <p>Procedural elements of dispensing</p> <ul style="list-style-type: none"> [Intern] was able to correctly identify the medication, strength and form, directions, patient and doctor when dispensing apixaban. [Intern] was able to identify correct the Pharmaceutical Benefits Scheme (PBS) requirements to ensure patients are provided with the most cost-effective supply of medications. [Intern] affixed appropriate ancillary labels to dispensed apixaban. [Intern] employed the use of a medication scanner to ensure dispensed medication matched the chosen product. <p>Areas for improvement:</p> <p>Therapeutic elements of dispensing</p>

- Preceptor advised [Intern] to also enquire about lifestyle/social behaviours (e.g smoking, alcohol consumption, recent travel, recent period of immobility etc), medication changes (e.g. that the COCP was recently commenced) and compliance to optimise patient outcomes.
- Preceptor discussed with [Intern] strategies for identifying disease-drug interactions and additional risk factors that may adversely affect patient care. In this instance, both changes to estrogen therapy and smoking is a major provoking factor of VTE/PE.
- Preceptor advised [Intern] to consider the recommended treatment duration of a provoked PE (3 months) and provide advice for follow up and monitoring
- Preceptor advised [Intern] to consider reinforcing importance of smoking cessation strategies (both pharmacological and non-pharmacological)

Ability to access information when needed

The intern demonstrated appropriate use of drug resources to assess the appropriateness and safety of medications.

The intern was able to identify limitations and own knowledge gaps, seeking help from other pharmacists when needed.

Reasoning in relation to appropriateness and safety

[Intern] was able to consider important factors to determine the safety and appropriateness of the apixaban including assessment of the indication, dose, current pathology, and potential for drug-interactions.

[Intern] could improve their medication history taking to inform decisions about prescribed medicines

[Intern] to inquire about lifestyle/social behaviours, recent medication changes and compliance.

[Intern] to improve therapeutic knowledge of PE management and awareness of drug-disease interactions/disease risk factors.

Risk awareness

[Intern] identified key risks involved in dispensing a high-risk medication

[Intern] checked the dose, indication, relevant pathology (e.g., kidney function), medical history and drug interactions (e.g., anticoagulants with Non-Steroidal Anti-inflammatory Drugs (NSAIDs).

[Intern] used barcode scanner when selecting product

What-if questions (see below)

- "What considerations might there be if this patient had reduced renal function?"
- "If dispensing apixaban for an elderly patient, what other information would you want to gain before dispensing the apixaban and why?"

Other comments (including any actions necessary to improve performance)

- Intern to review guidelines for: Smoking Cessation and Combined Oral Contraceptives
- Intern to shadow pharmacist taking medication history

Entrustment decision (completed by supervisor)¹:

 1

 2

 3

 4

Supervisor	Name:	Supervisor	Intern	Name:	Intern
	Date:	Date		Date:	Date
	Signature:	Signature		Signature:	Signature

Levels of supervision related to entrustment decision

Level 1	Observe only, even with direct supervision
Level 2	Perform with direct, proactive supervision and intervention
Level 3	Perform with indirect proximal (nearby) supervision, on request and quickly available
Level 4	Perform with minimal supervision, available if needed, essentially independent performance. <i>It is critical to note, however, that even when an intern has been deemed entrustable at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply. In addition, at least one pharmacist with general registration must be physically present on the premises in accordance with legal requirements under the Health Practitioner Regulation National Law.</i>

What-if questions

These are designed to evaluate the intern's adaptive expertise. What would you do if:

- unable to read prescription
- unable to contact prescriber for clarification
- pressure from patient
- invalid prescription presented
- possible forgery presented
- not therapeutically safe or appropriate

¹ Entrustment level 1 is "Observe only" and its use during the intern period is expected to be rare.