

## EXAMPLE: COMPLETED FORM FOR PATIENT/CARER FEEDBACK COUNSELLING – METHOTREXATE SCENARIO

<b>Intern name</b>	Intern EPA-3B	<b>Ahpra registration</b>	PHA000XYZ123
<b>Practice setting</b>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Community <input type="checkbox"/> Other (describe): Outpatient dispensary		
<b>Products counselled on</b>	Methotrexate subcutaneous injection	<b>Counselling date</b>	DD/MM/YYYY

### About this form

This form is to be used to collect feedback from patients or carers following counselling by an intern. This form can be used to provide feedback on Intern counselling on or a range of products, including over the counter medicines, Schedule 3 medicines, prescription items, discharge medicines, use of self-monitoring devices such as blood glucose or blood pressure machines etc. 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.

It may be useful to make several copies of the Patient/carer feedback form (see below) and affix your pharmacy stamp.

### 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.

## Patient/carer feedback form

Dear pharmacy patron

Thank you for contributing towards the training of our pharmacy Intern. Please indicate to what extent you agree with the statements below.

You can also talk to the pharmacist supervising the Intern or any other pharmacy staff member to tell us about your experience.

	Agree	Unsure	Disagree	Do you have any comments?
I felt comfortable speaking to the intern pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, [Intern] was pleasant, made me feel comfortable, and was very receptive to my needs.
I felt heard and respected by the intern pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, I felt listened to and understood by [Intern].
I felt judged in a negative way during the consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I received advice and information that is relevant to me (or the patient)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, we watched a video about how to use the new injection. The [Intern] even provided me with a sharps container for me to dispose of my injections free of charge.
I feel confident in using the advice and information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, I felt confident in the advice provided and also was glad that [Intern] provided me with an information sheet.
I feel reassured the medicine/advice is right for me (or the patient)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Intern] was very thorough in her counselling and made sure that I knew how to use the injection.

Please provide any other additional feedback in the space below.

Thank you [Intern] and good luck with the rest of your pharmacist training.

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