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| Entrustable Professional Activity (EPA) 3:Providing counselling |
|  April 2021 | Version 0.3 |

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Entrustable Professional Activity (EPA) 3:
Providing counselling

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| **Overview** | In the context of this EPA, providing counselling is applicable to counselling as part of dispensing prescription medications, and supplying non-prescription medications on request |
| **EPA** **title** | Providing counselling |
| **Specifications and limitations** | **Outcome**: Patients, carers and other customers are provided with, and are able to understand accurate, relevant, contemporary and tailored advice and education on the use of their medicines and on non-pharmacological and lifestyle measures designed to improve and maintain their health; adherence and quality use of medicines are promoted.**Specifications**:Patient privacy and confidentiality are respected and maintained.Counselling is carried out in a culturally safe manner.Communication content and style are appropriate for the person’s health literacy and communication needs.Information provided is specific and relevant to the patient.Language appropriate to the situation and participants is used.Appropriate tone, volume and pace are used.Communication failures/barriers/difficulties are identified and addressed.Written or other additional sources of information are used appropriately to support verbal communication.Patient/carer questions are solicited and answered appropriately.Patient/carer understanding is assessed.**Limitations**:None |
| **Potential risks in case of failure** | Inappropriate, inaccurate and/or incomplete counselling may lead to individual patient harm and/or harm to the health and safety of the public. |
| **Most relevant performance outcomes** | **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. |
| **Required knowledge, skills, attitudes and experiences (A RICH)** | Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations (C)Knowledge of non-pharmacological and lifestyle interventions (C)Knowledge of privacy and confidentiality requirements (C)Communication skills (C)Interpersonal skills including empathy (I) Cultural respect and responsiveness (I)Person-centred approach (I)Awareness of personal limitations (H)Willingness to seek assistance (H) |
| **Information sources to assess progress and ground a summative entrustment decision** | Short practice observations (SPO) – report template providedPatient/carer feedback – template providedReflection on performance by intern – written or oral#Entrustment discussions – guidance and template provided |
| **Entrustment/supervision level expected at which stage of training** | Level 2 or 3 on entry to intern yearLevel 4 by end of intern year; may be entrusted earlier |
| **Time period to expiration if not practised** | Not applicable to intern year |

# The template provided as part of the ITA Activity – Reflection is a useful resource for this reflection by the intern.

# Information sources

## Short practice observations (SPOs)

A short practice observation (SPO) would generally involve a supervising pharmacist observing the intern while counselling a patient and/or carer. Observations may also be carried out by other pharmacy staff as a means of providing a range of perspectives. A minimum of 10 SPOs is considered appropriate for assessing the performance of the intern on this EPA; sampling should cover a range of scenarios from simple counselling where few barriers are present, through to more complex situations requiring the intern to be critically aware of and responsive to cultural or other diversity. Ideally, SPOs should be spaced throughout the period of supervised practice to allow for observation of improvements in performance. At the end of each SPO, an entrustment discussion (see below) should occur between the intern and the observers.

The basis for assessment judgements is that of the extent to which the intern ***meets expectations*** for their level of experience and stage of internship. This means that considerable judgement is needed by the supervisor in assigning ratings; further, what constitutes meeting expectations will clearly change as the internship progresses. Supervisors are encouraged to reflect in advance of the discussion phase on their own expectations, and to be realistic in their assessments, particularly in the early stages of the intern year.

Three rating levels are included, namely ***Below expectations***, ***Borderline*** and ***Meets expectations***. The following table is a guide to the use of these ratings.

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| **Below expectations** | Intern’s performance meets expectations in few, if any, aspects of the criterion; major concerns exist about the intern’s demonstrated performance |
| **Borderline** | Meets expectations for some aspects of the criterion but not others; some concerns exist about the intern’s demonstrated performance  |
| **Meets expectations** | Comfortably meets expectations for most or all aspects of the criterion; no major concerns exist with the intern’s demonstrated performance |

By the end of the intern year, the intern is required to demonstrate performance which would meet the expectations of a pharmacist who has newly gained general registration.

## Patient/carer feedback

As key stakeholders, and integral participants in the counselling process, feedback on their experience should be sought from patients and carers, and used to assist the intern in developing skills and confidence. The patient/carer should be asked in advance for consent to provide feedback. The feedback received should be recorded; a template is provided for this purpose.

## Entrustment discussions

The entrustment discussion is intended to provide additional evidence to support (or not) a decision that an intern can be trusted to perform the EPA with a lower level of supervision (i.e. to progress from one level of supervision to the next). Using the four-step framework, the preceptor should require the intern to:

1. Explain the activity.
2. Demonstrate depth of knowledge.
3. Demonstrate awareness of risks.
4. Demonstrate adaptive capacity and expertise (by answering “what-if” questions).

Key elements

* discussion of intern’s reflection on performance
* review of SPO reports
* review of patient/carer feedback
* use of probing questions such as:
	+ appropriate and inappropriate sources of advice and information
	+ evaluation of critical information/advice to include in (and exclude from) counselling
* evaluation of intern’s understanding of risks:
	+ risks of providing too much or too little information
	+ risks associated with adopting a “formulaic” rather than person-centred approach
	+ risks associated with lack of cultural respect/responsiveness
	+ intern’s possible “blind spots”
* use of “what-if” questions such as:
	+ patient/carer becomes alarmed or concerned by advice or information received
	+ dispensing error, drug interaction, contraindication or other issue identified during counselling
	+ communication barriers unable to be resolved
	+ patient/carer reluctant to receive counselling
	+ patient/carer disagrees with intern
	+ breach of privacy/confidentiality occurs
	+ new medication which intern has never encountered

**Ad hoc entrustment discussions** can be held at any stage of the intern year, and should form part of the overall evidence on which a summative entrustment decision is based. An ad hoc entrustment decision should form part of any formal SPO, and the outcomes recorded (a template is provided for guidance). The aim should be to give the intern a clear idea of where performance has been strong and where further improvement is necessary.

When either the intern or preceptor considers that the intern may be ready for level 4 supervision, a **summative entrustment discussion** may be held. At this discussion, evidence from previous activities, feedback and discussions should be reviewed, and the supervisor should ask additional questions until such time as a decision in favour of entrustment can be justified.

Following a summative entrustment discussion, and based on available evidence, the preceptor will need to answer the questions:

**Do I trust this intern to counsel patients and carers as safely and appropriately as a fully registered pharmacist?**

**Do I trust this intern to adapt counselling style and content appropriately to different patients and situations?**

If the answers to both questions are **YES**, a level 4 entrustment decision may be appropriate. It is important to note, however, that even when an intern has been entrusted at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply (See EPA Guide).

Template for Short Practice Observation (SPO)

Providing counselling

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stage of internship  0-3 months  3-6 months  6-9 months  9-12 months

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| **Aspect** | **Belowexpectations** | **Borderline** | **Meets expectations** | **Comments** |
| **Privacy/confidentiality respected and maintained** |  |  |  |  |
| **Counselling carried out in a culturally safe manner** |  |  |  |  |
| **Communication content/style appropriate for health literacy/communication needs**  |  |  |  |  |
| **Information specific and tailored to patient** |  |  |  |  |
| **Information accurate and up to date** |  |  |  |  |
| **Language appropriate to the situation and participants**  |  |  |  |  |
| **Appropriate tone, volume and pace**  |  |  |  |  |
| ***If relevant*: Communication failures/barriers/ difficulties identified and addressed** |  |  |  |  |
| **Written or other information chosen and used appropriately to support verbal communication** |  |  |  |  |
| **Patient/carer questions solicited and answered appropriately**  |  |  |  |  |
| **Patient/carer understanding assessed** |  |  |  |  |

Template for patient/carer feedback
Providing counselling

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Aspect**\* | **Agree** | **Unsure** | **Disagree** | **Comments** |
| **My privacy was respected** |  |  |  |  |
| **The advice and information was relevant for me** |  |  |  |  |
| **I felt comfortable speaking to the intern** |  |  |  |  |
| **The intern spoke in a way I could easily understand** |  |  |  |  |
| **The intern was genuinely interested in me** |  |  |  |  |
| **My needs for advice and information were met** |  |  |  |  |
| **I understood the advice and information I received** |  |  |  |  |
| **I feel confident in using the advice and information** |  |  |  |  |
| **I felt comfortable asking questions** |  |  |  |  |
| **I feel reassured the medicine/advice is right for me** |  |  |  |  |

\*If feedback is provided by a carer, the carer should respond in relation to the patient for all aspects.

Template for entrustment discussion

Providing counselling

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Ad hoc entrustment discussion [ ]  Summative entrustment discussion

(Tick appropriate box)

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| **Discussion component** | **Assessor’s comments** |
| **Reflection on performance – areas of strength and areas for improvement** |  |
| **Ability to access information when needed** |  |
| **Risk awareness** |  |
| **What-if questions …** |  |
| **Other comments** |  |
| **Entrustment decision** | Intern entrusted at level [ ]  1 [ ]  2 [ ]  3 [ ]  4 |

Assessment of EPA:

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| **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\* |

 \*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.