

EXAMPLE: CASE SCENARIO – METFORMIN

EPA-3 Providing counselling

Key themes Metformin, diabetes, cardiometabolic health, glycaemic control

Scenario in prose

Pauline, a 58-year-old woman comes into your pharmacy with a prescription for metformin 500mg. Pauline is a regular customer of the pharmacy but does not have a history of regular medicine use. The pharmacist and intern have a rapport with Pauline through her frequent purchases of over-the counter (OTC) medicines, short-term antibiotics, and other “one-off” product purchases. As Pauline is starting on a new medication, the supervising pharmacist and intern agree this is an opportunity to perform a short practice observation (SPO) of the intern’s counselling process when supplying the medication, including the provision of appropriate tailored information to enable safe and effective medicine use.

History of presentation

Pauline has been experiencing gradual weight gain over the last 6-12 months. Blood tests have shown less than optimal glycaemic control, and for the last three months Pauline has undertaken some dietary modifications and changes to her physical activity routine, however her fasting blood glucose remains slightly above target range. Otherwise, Pauline feels well, and her blood pressure is well controlled. A diagnosis of Type 2 diabetes was made during her most recent doctors visit, and metformin has been prescribed, along with continued lifestyle modifications.

Medications

- Famciclovir 500mg – 3 capsules at once as needed for cold sore outbreak
- Mometasone furoate 50mcg/spray – 1 spray as needed for hayfever symptoms

Patient information

- Pauline McIntosh
- 58-year-old woman, current weight 82kg, BMI 27kg/m²

Medical history, including allergies and adverse drug reactions

- Seasonal hayfever – currently well controlled
- Recurrent cold sores
- Gestational diabetes - 1991
- Nil known drug allergies

Performance Outcomes (PO)¹ to be demonstrated

Performance outcome(s)	Description
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.

The activity may also provide evidence relating to other performance outcomes and this should be recorded in the '**Intern assessment and feedback form**'

Key activities undertaken during the short practice observation

Preparation for counselling and Short Practice observation (SPO)	<p>The intern:</p> <ul style="list-style-type: none"> consults the <i>Australian Medicines Handbook</i> and the <i>Australian Pharmaceutical Formulary and Handbook (APF)</i> to review counselling points for metformin <p>The preceptor:</p> <ul style="list-style-type: none"> Explains to the patient they (the preceptor) will observe the Intern providing counselling and invites the carer to also provide feedback via the EPA 3 - Providing counselling: Patient/carer feedback form following counselling they will have received.
Counselling <i>Intern provides counselling to the patient.</i>	<p>The intern:</p> <ul style="list-style-type: none"> provides comprehensive counselling in a private, quiet location (not in a counselling room) speaks clearly and concisely and is well understood by the patient. shows empathy when discussing with Pauline her recent diagnosis of diabetes ascertains how much the patient understands about the new medicine by asking an open-ended question, "What has the doctor told you about this medicine?" explains how to take the medicine (swallowed whole, after food) and when to take it (after the evening meal) and why Advises some of the more common medicine adverse effects that may occur including gastrointestinal upset; and mentions some of the more serious adverse effects uses the dispensing label and additional warning labels to reinforce key counselling points. However, did not provide additional written medicines information (e.g. Consumer Medicines Information (CMI). Explains to the patient that this medication needs to be continued until further consultation with the doctor in 3 months' time.

¹ Entrustable professional activity (EPA) 3: Providing Counselling. Preceptor and intern user guide. [Intern Workplace-based Assessment | Australian Pharmacy Council](#)

Entrustment discussion	<p>Preceptor and Intern then regroup to have an entrustment discussion.</p> <p>Key elements of discussion: explore understanding of and provide feedback about patient-centered communication including:</p> <ul style="list-style-type: none"> ensuring an understanding of the reason for commencing metformin – elevated blood sugar levels despite lifestyle interventions explaining how to take metformin by reinforcing the dose, dose frequency, importance of regular dosing, and review of dose the approach to counselling on non-pharmacological measures and ensuring these are continued to complement metformin treatment providing advice for monitoring response to treatment (self-blood glucose monitoring, HbA1c, fasting blood glucose) feedback provided by Pauline indicates that the Intern was empathetic and provided good information clearly, although she found some of the information was too much. <p>Potential additional questions about the case</p> <ul style="list-style-type: none"> “What if you notice a precaution or a contraindication to the use of this medicine such as renal impairment, that is only picked up during counselling?” “What if the patient becomes alarmed with the information provided about potential side effects (such as lactic acidosis) of metformin while counselling?” “What if the patient is reluctant to receive counselling about metformin because they tell you they already know about the medicine?” “What if the patient does not agree with advice you provided during the consultation”
Feedback and assessment of EPA	<p>At the end of the entrustment discussion, the preceptor pharmacist provides the intern with written and verbal feedback. The preceptor’s feedback (summarised below) describes the strengths that the intern had demonstrated and suggests some opportunities to develop their practice further.</p> <p>An assessment of EPA is documented via the ‘Assessment of EPA-3 Form’. In this form:</p> <ul style="list-style-type: none"> The intern documents their reflection on their performance before the preceptor completes their feedback. The preceptor notes that the intern demonstrated achievement of some performance outcomes outside the scope of the EPA and recommends areas for development.

Performance outcome(s)	Preceptor feedback and expectations of Intern**
3.17	<p>The intern has provided accurate medicines information including how metformin will assist and how to use metformin, but has not considered non-pharmacological factors (i.e., dietary measures, physical activity) that could improve glycaemic control when counselling patient.</p> <p>The Intern did not provide follow up advice for monitoring response to treatment, including self-blood glucose monitoring, follow up HbA1c, fasting blood glucose</p> <p>The Intern can provide clear and concise verbal information but needs to consider importance of additional written information for patient education (i.e., CMI) that may be useful to refer to following the initial consultation</p> <p>Intern demonstrated good knowledge about metformin but lacked some confidence in relaying information to the patient more confidently. The more confidently the intern speaks the more trust they evoke in the patient.</p>

***Note that the feedback and expectations of the Intern should consider and be tailored to the stage of training of the Intern.*