

Requirements Checklist for Counseling^{1,2}

Note: Student expectations for this activity to commensurate with expected year level performance characteristics

NA = Not Applicable; U = Unsatisfactory; S = Satisfactory

Student Name: _____

INTRODUCTION:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies self and practice educator, offers to counsel, and confirms patient identity (name + @ least 1 identifier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains purpose of counselling session
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States approximate time needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishes privacy and confidentiality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks other relevant questions (e.g. symptoms, other Rx, or non-Rx meds, allergies, lab etc) and/or confirms information found in the chart if necessary
INFORMATION GATHERING AND DRUG INFORMATION:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gives name of medication(s) prescribed (brand and generic)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks what the patient knows about the medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what it is being used for and describes how it works
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicates directions, frequency and route of administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains any special directions and/or device instructions if applicable. Able to demonstrate proper technique if needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what the patient should do if they miss any doses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States how long to use the medication
SIDE EFFECTS:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies important and common side effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains how to manage side effects and expected time frame (e.g. will fade with time)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains what to do if side effects don't go away or are intolerable
INTERACTIONS:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identifies important drug, food, and/or natural health product interactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains interactions and how to manage them; states "no interactions present" if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advises patient to always check with his/her doctor and/or pharmacist before starting a new or over the counter product
LABORATORY MONITORING:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains the need for lab work if applicable including the what the lab test is, how often the patient requires testing, and what target values are expected.
STORAGE:			
NA	U	S	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains storage requirements, shelf life

¹ Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Integrations Activity Team. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

² Adapted with permission from the LMPS (SPH, SMH, VGH) EEF's counselling checklists (with contributions from Dr. M. Leung and her directed studies students March 2016) © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2016. All rights reserved.

CLOSING:

NA U S

- Summarizes the main points
- Explains what to expect, when to expect it, and how to monitor the response of therapy
- Explains what the patient should do if no relief obtained
- Offers suggestions to improve medication adherence
- Checks for patient's understanding
- Explains what to do if questions or concerns arise; differentiating before and/or after discharge, and when to seek medical attention
- Provides written information if available/applicable
- Says "Thank you", "Goodbye" (or similar closing)

COMMUNICATION SKILLS (VERBAL / NON-VERBAL):

NA U S

- Is professional, assertive, respectful
- Well organized, speaks clearly, confidently
- Shows genuine interest, engaged not distracted
- Uses appropriate questioning (open-ended, one question at a time, no interrupting)
- Asks personal questions sensitively; uses preamble or lead-in statements
- Uses appropriate language, correct terms/pronunciation, no misinformation
- Information provided is accurate i.e. no misinformation given to the patient
- Listens, responds with appropriate empathy
- Non-verbal communication appropriate (posture, eye contact, body language, gestures)

PATIENT SAFETY:

NA U S

- Information provided is accurate i.e. no misinformation given to the patient

FEEDBACK COMMENTS:

OVERALL ASSESSMENT³:

Unsatisfactory **Satisfactory**

Practice Educator Initials/Signature: _____

Date: _____

³ **FOR PHRM 272 ONLY** -To achieve an overall satisfactory assessment all criteria listed in all sections of this Requirements Checklist must be "satisfactory", if applicable.