## **Requirements Checklist for BPMDP Counseling**<sup>1,23</sup>

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

FOR PHRM 272 - To achieve overall satisfactory the student should demonstrate attributes of an "Advanced Beginner" in satisfying criteria listed in the requirements checklist. See below for guidance.

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

Student Name:

Introduction	
NA         U         S           □         □         □           □         □         □           □         □         □           □         □         □           □         □         □           □         □         □           □         □         □           □         □         □	Determines identity of patient/patient's caregiver (e.g. name + at least 1 identifier) Introduces self and practice educator Explains purpose and duration of counseling session Asks permission to proceed Indicates information will be kept confidential & establishes privacy
Discharge Counselling Session	
NA U S	Provides the patient with an accurate and comprehensive medication schedule Reviews and counsels on all discharge medications +/- devices and assesses patient's understanding of each e.g. the purpose of each medication, how it works, dose, timing, potential side effects (with emphasis on any new medications intended duration) and potential interactions etc. For each medication identifies and communicates the following if applicable:
	<ul> <li>Medications that have CHANGED while in hospital</li> <li>Medications that are NO LONGER REQUIRED on discharge</li> <li>Medications that are TO CONTINUE on discharge</li> <li>Medications that are NEW and the patient is to take on discharge</li> </ul>
	Counsels patient on when to seek medical care Ensure counseling on all other miscellaneous points have been completed (e.g. non-drug measures)
	Identify any barriers to non-adherence and offer solutions (e.g. discuss blister packages/dosettes) with patient and if this is something they want, document this on prescriptions that are being sent to community pharmacy; assess if special authority applications are in place/required
	Ensures outpatient lab requisition is prepared and forwarded to patient (if applicable and not already done by others)
	Discusses future steps patient must take (e.g. follow-up with physician in a timely manner, which tests will be needed, etc.) Ask patient to return all discontinued medications to his/her own pharmacy to minimize any risk
	of confusion
Closing	

<sup>&</sup>lt;sup>1</sup> Adapted with permission from the LMPS (SPH, SMH, VGH) EEF's Mutually Beneficial Activity Checklists (with contributions from Dr. M. Leung and her directed studies students March 2016).

<sup>&</sup>lt;sup>2</sup> Adapted with permission: Canadian Patient Safety Institute and ISMP Canada (2017). Medication Reconciliation in Acute Care Getting Started Kit, version 4. Retrieved March 15, 2017 from: <u>https://www.ismp-canada.org/medrec/</u>

<sup>&</sup>lt;sup>3</sup> ISMP Canada (2015). Hospital To Home – Facilitating Medication Safety at Transitions: A Toolkit for Healthcare Providers.

NA       U       S         Image: Summarizes main points and offers to answer questions       Image: Summarizes main points and offers to answer questions         Image: Image: Summarizes main points and offers to answer questions       Image: Checks for patient understanding (e.g. asks the patient and/or caregiver to summarize)         Image: I	
NA       U       S         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds professional, assertive, respectful       Image: Sounds professional, assertive, respectful         Image: Sounds, responds, with appropriate empathy       Image: Sounds professional, assertive, respectful	
<ul> <li>Non-verbal communication appropriate (posture, eye contact, body language, gestures)</li> <li>Patient Safety</li> </ul>	
NA U S	
Does not create a situation where patient safety is impacted (e.g. no misinformation provided)	
Comments	
Overall Assessment	
Unsatisfactory      Satisfactory	

Practice Educator Initials/Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## Overall satisfactory (demonstrates attributes of Advanced Beginner)<sup>4,5,6</sup>

To achieve overall satisfactory the student should demonstrate attributes of an "Advanced Beginner" in satisfying criteria listed in the requirements checklist.

- Can achieve some progress using own judgement, but requires some guidance/prompting/coaching for completion of overall task
- Tends to see actions as a series of steps
- Has working knowledge of key aspects of practice and likely able to complete relatively straightforward tasks to an acceptable standard
- Can complete simpler tasks without supervision
- Appreciates complex situations, but only able to achieve partial resolutions

## Examples

- Requires some guidance to achieve all the requirements of this checklist
- When completing a patient work up, with some guidance will assess medications for appropriateness, but may not be able to incorporate all aspects of the specific patient into the assessment
- Recognizes importance of counseling components, but needs some guidance in ensuring all necessary and relevant information has been provided
- Information gathered is at times incomplete or irrelevant
- Information provided is sometimes irrelevant
- Able to identify connection between characteristics of medication and medical condition
- Designs basic monitoring plan with some guidance
- Does not consistently recognize verbal/non-verbal cues
- Is not consistently organized
- Does not consistently utilize language appropriate to the audience

<sup>&</sup>lt;sup>4</sup> Adapted from the University of British Columbia Faculty of Pharmaceutical Sciences Complexity Guidelines for Preceptors, Educators and Standard-Setting Faculty. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2017. All rights reserved.

<sup>&</sup>lt;sup>5</sup> Lester, S. Novice to Expert: the Dreyfus model of skill acquisition. Stan Lester Developments 2005. Available from: <u>http://www.sld.demon.co.uk/dreyfus.pdf</u>

<sup>&</sup>lt;sup>6</sup> Adapted from University of British Columbia Faculty of Pharmaceutical Sciences Assessment of Student Learning: A guidebook for practice educators. © The University of British Columbia, Faculty of Pharmaceutical Sciences, 2018. All rights reserved.