

Name:

Date of completion:

THE MEDICATION-RELATED CONSULTATION FRAMEWORK (MRCFr)

– A reflective tool for evaluating the consultation skills of pharmacy practitioners

After you have undertaken a medicines use review (MUR), please take some time to reflect on your ability to consult effectively with a patient. Tick the relevant box to indicate how much you agree with the following statements which should help you to identify your strengths and weaknesses for each section. It is important that you are aware of these in order to build on your existing strengths, whilst areas of weakness are used to inform your CPD plan and record entries for improving your consultation skills. The global rating at the end of sections A to D will help you to evaluate whether you were able to meet the aim of those sections and the final overall rating asks you to reflect on your overall impression of the consultation.

**Please consider whether during the MUR you carried out the following activities when undertaking a consultation with the patient:
1 = not at all, 2 = touched upon; 3 = adequate; 4 = very good; N/a = not applicable**

How well did you ...

A. INTRODUCTION	1	2	3	4	N/a	“STRENGTHS”		
A1. Introduce yourself to patient						“WEAKNESSES”		
A2. Confirm the patient’s identity (e.g. name plus address or date of birth)								
A3. Discuss the purpose and structure of the consultation (i.e. shares pharmacist’s agenda with the patient)								
A4. Invite the patient to discuss medication and/or health related issues (explores patient’s agenda)								
A5. Negotiate a shared agenda (prioritising issues to be discussed considering pharmacist’s objectives & patient’s needs)								
A6. Pay attention to comfort and privacy								
GLOBAL RATING:	0 I was not able to build a therapeutic relationship with the patient		1		2 I was partially able to build a therapeutic relationship with the patient		3	4 I was fully able to build a therapeutic relationship with the patient

B. DATA COLLECTION & PROBLEM IDENTIFICATION		1	2	3	4	N/a	"STRENGTHS"				
B1.	Document a full medication history <input type="checkbox"/> Prescribed medication, frequency, dose, duration of course, route of administration <input type="checkbox"/> Allergies – type/ nature <input type="checkbox"/> Drug sensitivities or intolerances, Adverse drug reactions <input type="checkbox"/> Self-medication (OTC, supermarket, etc.) <input type="checkbox"/> Complementary & alternative therapies (e.g. homeopathy, herbal medicines, etc.) <input type="checkbox"/> Recreational drug use										
B2.	Assess the patient's understanding of the rationale for prescribed treatment (i.e. does patient know why treatment is prescribed and the likely benefits of treatment)										
B3.	Elicit the patient's (lay) understanding of his/her illness (this is particularly relevant if patient is NOT clear about rationale for treatment)										
B4.	Elicit concerns about treatment (e.g. beliefs about potential risks or side effects)										
B5.	Explore social history (alcohol, smoking, lifestyle, social support, occupation, diet, impact of medication on patient's lifestyle)										
Illness management							"WEAKNESSES"				
B6.	Explore the patient's experience/ control of symptoms										
B7.	Ask how the patient monitors the illness (e.g. peak flow, BP measurement etc.)										
B8.	Undertake an appropriate physical assessment (when indicated)										
Adherence assessment											
B9.	Ask how often the patient misses dose(s) of treatment										
B10.	Identify reasons for missed dose(s) (<i>unintentional</i> or <i>intentional</i>)										
B11.	Explore the patient's attitudes towards taking medication (e.g., asks whether patient wishes to be prescribed treatment?)										
Exploring patient's wish for involvement											
B12.	Ask how much/ what information the patient wants before discussing solutions to patient's needs										
B13.	Ask how involved the patient wants to be in decision making										
Problem identification											
B14.	Identify and prioritise the patient's pharmaceutical problems (by summarising the identified pharmaceutical problems)										
B15.	Re-negotiate agendas (if necessary) (prioritising issues to be discussed considering pharmacist's objectives & patient's needs)										
GLOBAL RATING:		0		1		2		3		4	
		I was not able to identify the patients pharmaceutical care needs				I was partially able to identify the patients pharmaceutical care needs				I was fully able to identify the patients pharmaceutical care needs	

How well did you undertake the following activities? 1 = not at all, 2 = touched upon; 3 = adequate; 4 = very good; N/a = not applicable

C. ACTION/ SOLUTIONS		1	2	3	4	N/a	“STRENGTHS”		
C1.	Relate information to the patient’s illness & treatment beliefs (addresses information gaps, selling benefits & addressing concerns/ risks of treatment)						“WEAKNESSES”		
C2.	Involve the patient in designing a management plan for identified problem(s) (e.g. discusses options/ rationale)								
C3.	Give advice on how & when to take medication, length of treatment & negotiates follow up (if necessary)								
C4.	Check the patient’s ability to follow plan (i.e. does patient anticipate any problem following the plan e.g. in terms of motivation, resources, time or physical ability)								
C5.	Check the patient’s understanding (e.g. invites patient to recap)								
C6.	Discuss lifestyle issues/ prevention strategies (health promotion issues)								
C7.	Determine whether the patient wants additional information/ explanation								
C8.	REFER <u>appropriately</u> to other healthcare professional(s) (i.e., recognise own professional boundaries & limitations)								
GLOBAL RATING:		0 I was not able to establish an acceptable management plan with the patient		1		2 I was partially able to establish an acceptable management plan with the patient		3	4 I was fully able to establish an acceptable management plan with the patient

How well did you undertake the following activities? 1 = not at all, 2 = touched upon; 3 = adequate; 4 = very good; N/a = not applicable

D. CLOSING THE CONSULTATION		1	2	3	4	N/a	“STRENGTHS”		
D1.	Explain what to do if the patient has difficulties to follow plan and whom to contact						“WEAKNESSES”		
D2.	Provide a further appointment or contact point								
D3.	Offer the opportunity to ask further questions with regard to issues discussed in the consultation								
GLOBAL RATING:		0 I was not able to negotiate “safety netting” strategies with the patient		1		2 I was partially able to negotiate “safety netting” strategies with the patient		3	4 I was fully able to negotiate “safety netting” strategies with the patient

N.B. “Safety netting” entails a discussion of possible unexpected outcomes and what to do if agreed management plan can not be implemented as anticipated.

How well did you demonstrate the following behaviours?

1 = not at all, 2 = poor; 3 = adequate; 4 = very good; N/a = not applicable

E. CONSULTATION BEHAVIOURS		1	2	3	4	N/a	“STRENGTHS”
E1.	Listen actively & allows patient to complete statements without interruption (i.e. keeps eye contact, verbal acknowledgement, non verbal feedback)						“STRENGTHS”
E2.	Ask relevant questions						
E3.	Use open & closed questions appropriately						
E4.	Avoid or explain jargon						
E5.	Accept the patient (i.e. respects patient, Is not judgemental or patronising)						
E6.	Demonstrate empathy with and support the patient (e.g. expresses concern, understanding, willingness to help, acknowledges coping efforts)						
E7.	Deal sensitively with embarrassing & disturbing topics						“WEAKNESSES”
E8.	Share thinking with the patient (when appropriate) to encourage patient’s involvement (if wanted)						
E9.	Use information from test results to inform decision making and to explain treatment option(s)						
E10.	Use evidence based medicine-type information to inform decision making and to explain treatment option(s)						
E11.	Adopt a structured & logical approach to the consultation						
E12.	Keeps interview “on track” or regain ‘control’ when necessary						
E13.	Manage time effectively (works well within the time available)						
E14.	Provide logical and correct documentation						

FINAL OVERALL IMPRESSION:

Overall my ability to consult with this patient was:	Poor	Borderline	Satisfactory	Good	Very good
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