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| **MEDICATION-RELATED CONSULTATION FRAMEWORK (MRCF)** Practitioner Name:      | Date:      |
| Assessor Name:      | Signature:      |

***How well did the practitioner undertake the following activities when consulting with the patient?***

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| **(A) INTRODUCTION** |
| A.1 Introduces self | [ ]  |  |
| A.2 Confirms patient’s identity | [ ]  |  |
| A.3 Discusses purpose and structure of the consultation | [ ]  |  |
| A.4 Invites patient to discuss medication or health related issue | [ ]  |  |
| A.5 Negotiates shared agenda | [ ]  |  |
|  |
| The practitioner was **not** able to build a therapeutic relationship with the patient | 0 1 2 3 4Grade (A):   | The practitioner was **fully** able to build a therapeutic relationship with the patient |
| Comments:            |
| **(B) DATA COLLECTION & PROBLEM IDENTIFICATION** |
| B.1 Documents full medication history | [ ]  |  |
| B.2 Assesses patient’s understanding of the rationale for prescribed treatment | [ ]  |  |
| B.3 Elicits patient’s (lay) understanding of his/her illness | [ ]  |  |
| B.4 Elicits concerns about treatment | [ ]  |  |
| B.5 Explores social history | [ ]  |  |
| B.6 Asks how often patient misses dose(s) of treatment | [ ]  |  |
| B.7 Reasons for missed dose(s) (*unintentional* or *intentional)* | [ ]  |  |
| B.8 Identifies and prioritises patient’s pharmaceutical problems (summarising) | [ ]  |  |
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| The practitioner was **not** able to identify the patient’s pharmaceutical needs | 0 1 2 3 4Grade (B):   | The practitioner was **fully** able to identify the patient’s pharmaceutical needs |
| Comments:                 |
| **(C) ACTIONS & SOLUTIONS** |
| C.1 Relates information to patient’s illness & treatment beliefs (risk – benefit discussion) | [ ]  |  |
| C.2 Involves patient in designing a management plan | [ ]  |  |
| C.3 Gives advice on how & when to take medication, length of treatment & negotiates follow up | [ ]  |  |
| C.4 Checks patient’s ability to follow plan (are any problems anticipated?) | [ ]  |  |
| C.5 Checks patient’s understanding | [ ]  |  |
| C.6 Refers appropriately to other healthcare professional(s) | [ ]  |  |
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| The practitioner was **not** able to establish an acceptable management plan with the patient | 0 1 2 3 4Grade (C):   | The practitioner was **fully** able to establish an acceptable management plan with the patient |
| Comments:                 |
| **(D) CLOSING** |
| D.1 Explains what to do if patient has difficulties to follow plan and whom to contact | [ ]  |  |
| D.2 Provides further appointment or contact point | [ ]  |  |
| D.3 Offers opportunity to ask further questions | [ ]  |  |
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| The practitioner was **not** able to negotiate ‘safety netting’ strategies with the patient | 0 1 2 3 4Grade (D):   | The practitioner was **fully** able to negotiate ‘safety netting’ strategies with the patient |
| Comments:                |

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| **E) CONSULTATION BEHAVIOURS** *Did the practitioner demonstrate the following consultation behaviours?* |
| E.1 Listens actively & allows patient to complete statements | [ ]  |  |
| E.2 Uses open & closed questions appropriately | [ ]  |  |
| E.3 Demonstrates empathy & supports patient | [ ]  |  |
| E.4 Avoids or explains jargon | [ ]  |  |
| E.5 Accepts patient (i.e. respects patient, is not judgemental or patronising) | [ ]  |  |
| E.6 Adopts a structured & logical approach to the consultation | [ ]  |  |
| E.7 Summarises information at appropriate time points | [ ]  |  |
| E.8 Manages time effectively (works well within the time available) | [ ]  |  |
| E.9 Keeps interview “on track” or regains “control” when necessary | [ ]  |  |
|  |
| The practitioner was **not** able to demonstrate any of these consultation behaviours | 0 1 2 3 4Grade (E):   | The practitioner was fully able to demonstrate these consultation behaviours |
| Comments:                |

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| **OVERALL IMPRESSION** |
| Overall the practitioner’s ability to consult was… |
| Not competent | Not competent | Competent | Competent | Competent |
| Poor [ ]  | Borderline [ ]  | Satisfactory [ ]  | Good [ ]  | Very good [ ]  |
|  |
| Additional comments:             |

Assessor’s Signature:

Assessor’s Surname:

Assessor’s Forename:

Date of Assessment:

Where self assessment undertaken please complete assessor details with your name