**Medication Related Consultation Framework (MRCF) Patient and Developmental Feedback Supplement.**

**Patient Feedback**

*Assessors should receive feedback from the patient on the practitioner’s performance on the consultation undertaken.* To aid in the facilitation of obtaining feedback from patients it is recommended that the assessor asks the questions below to the patient. It is vital to obtain consent from the patient prior to obtaining feedback. **Consent Obtained 🞏** *(please tick)*

*In some rare instances it may not be appropriate to obtain feedback; this decision should be made by the assessor (if so make a note in the comments section below).*

The patient should be informed how the information they provide will be used and how it will be communicated to the trainee. It is important to remember that the trainee will keep this feedback along with the completed MRCF. They should be encouraged to give honest opinions on the trainee’s performance and it should be empathised that only information they wish to be communicated will be shared with the trainee all other information will be confidential. **Information on use of feedback has been explained to the patient**  **🞏** *(please tick)*

|  |  |  |
| --- | --- | --- |
| Gender of patient: Male / Female | Age: | Date of Consultation: |

It will help us to understand what you knew before the consultation compared to what you know now. For each statement, please tick the box that you think is the most appropriate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I knew this before  the consultation | I am still unsure | I now know more  about this | Additional Comments |
| Why you need to take or use your medicines |  |  |  |  |
| How to take or use your medicines |  |  |  |  |
| When to take or use your medicines |  |  |  |  |

Thinking about the consultation you had, please state how much you agree or disagree with each statement

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly  Disagree | Disagree | Uncertain | Agree | Strongly  Agree | Additional Comments |
| I was greeted in a way that made me feel comfortable |  |  |  |  |  |  |
| The reason for the consultation was explained to me |  |  |  |  |  |  |
| I was listened to |  |  |  |  |  |  |
| I was encouraged to express my own thoughts |  |  |  |  |  |  |
| I had the opportunity to discuss treatment options |  |  |  |  |  |  |
| I was given as much information as I wanted |  |  |  |  |  |  |
| I was encouraged to ask questions |  |  |  |  |  |  |
| My concerns were responded to |  |  |  |  |  |  |
| I understood everything |  |  |  |  |  |  |
| I was satisfied with the consultation |  |  |  |  |  |  |

|  |
| --- |
| Are there any other comments that the patient made on the consultation: |
|  |
|  |
|  |

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**Feedback Discussion**

|  |  |
| --- | --- |
| **Practitioner’s Comments**  Main Strengths  Main areas of weakness / further improvement | **Assessors Comments**  Main Strengths  Main areas of weakness / further improvement |

**Action Plan**

|  |  |  |
| --- | --- | --- |
| Learning Needs Identified | Action | Timescale |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Practitioner Name |  | Practitioner Signature |  | Date: |
| Assessor Name |  | Assessor Signature |  | Date: |

**Consultation Skills Practice Standards** *Cross referencing to the consultation skill practice standards use the space below to reflect on areas you done well and areas you wish to develop.*

***Consultation Skills Practice Standards Prompt:***

*Practice Standard Areas*

1. *Management of patient-centred consultations*
2. *Specific Skills*
3. *A comprehensive approach*
4. *Community Orientation*

*Essential Features Clusters*

1. *Contextual features*
2. *Attitudes and Values*
3. *Pharmaceutical and pharmacological features*