Medication Consultation Evaluation Form

Student _____

Date_____

Patient Consult _____

Assessor _____

0 (No) Not done or unacceptable	**0.5 (Inconsistent)** Some deficiencies with communication or information provided.	**1 (Yes)** Acceptable. Sufficient information provided and appropriate	**(N/A)** Does not apply to this patient-pharmacist communication

Category	No (0)	Inconsistent (0.5)	Yes (1)	N/A
I. Process (25%)				
a. Introduction/Establishes Rapport: • Student introduces themself by name/title • Confirms patient name • Confirms secondary identifier • Identifies/explains purpose of visit • Conveyed respect for patient • Conveyed non-judgmental attitude • Listened to and engaged with the patient • Empathetically responded to patient's concerns and feelings				
b. Problem Identification: • Appropriately addressed patient questions/concerns • Able to customize a plan to meet patient needs				
c. Summary/Feedback: • Verified understanding using teach back • Provided opportunity for and responded to questions				
d. Nonverbal: • Made appropriate eye contact • Displayed appropriate body language				

Category	No (0)	Inconsistent (0.5)	Yes (1)	N/A
e. Verbal: • Spoke at appropriate pace, volume, and tone • Minimized filler words (um, uh, ah) • Allowed patient to speak without interruption • Spoke clearly and confidently • Used patient friendly language				
f. Organization and Confidence: • Displays a high degree of self-confidence. • Organizes the information in an appropriate manner.				
g. Med Rec/Care Transition: • Discharge handoff to home pharmacy or facility is clear and thorough. • Discharge summary is accurately reconciled with pharmacy/facility records.				
Total points for section _____ ÷ total possible points x 25 = _____				
II. Content (75%)				
a. Data Gathering: • Identifies allergies/intolerances • Identifies pertinent lifestyle information				
b. Medication Name and Indication: • Introduces medication to patient, including drug generic/brand name, dose, dosage form • Explains what the medication is for				
c. Administration – When, How, Duration, Time to Benefit: • Explains how to use the medication • Explains what to expect from the medication				
d. Adverse Effects / Cautions: • Explains what to expect from the medication (adverse effects, drug interactions, and how to manage)				

Category	No (0)	Inconsistent (0.5)	Yes (1)	N/A
e. Drug Therapy Monitoring: **Medication specific counseling pearls** • Patient specific therapeutic endpoints discussed (with new Rx) or applied (with refill Rx). • Provides appropriate monitoring techniques used to assess efficacy and safety of therapy and patient adherence with the regimen.				
f. Storage, Refill: • Patient specific refill and storage information provided.				

Total points for section _____ ÷ total possible points x 75 = _____

III. Deductions

    a. For incorrect information that would **NOT** result in patient harm, subtract 10% from the total score. _____

    b. For incorrect information that would result in patient harm, subtract 20% from the total score. _____

Comments:

Calculated points for areas:

        I.   _____

        II.   _____

        Sum I+II   _____

        III.   Y -10%, Y-20%, N

        Final: _____