

## Patient Counseling Evaluation Form

(Use for formal evaluation of patient consultation)

Student \_\_\_\_\_

Date \_\_\_\_\_

Patient Consult \_\_\_\_\_

Assessor \_\_\_\_\_

For sections I and II, use the rating scale below.

0 (NO) <b>Not done or Unacceptable</b>
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1 (Inconsistent) Some deficiencies with information provided.
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2 (YES) Acceptable. Sufficient information provided
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(N/A)
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I. Process (25%)				
	No (0)	Inconsistent (1)	Yes (2)	N/A
<b>a. Introduction/Establishes Rapport:</b> Student introduces him or herself 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>b. Problem Identification:</b> Appropriately addressed patient questions/ concerns Able to customize a plan to meet patient needs				
<b>c. Summary/Feedback:</b> Verified understanding using teach back Provided opportunity for and responded to questions				
<b>d. Nonverbal:</b> Made appropriate eye contact Displayed appropriate body language				
<b>e. Verbal:</b> Spoke at appropriate pace, volume, and tone Avoided filler words (um, uh, ah) Allowed patient to speak without interruption Spoke clearly and confidently Used patient friendly language				
<b>f. Organization and Confidence:</b> Displays a high degree of self-confidence. Organizes the information in an appropriate manner.				
<b>g. Med Rec/Care Transition:</b> Discharge handoff to home pharmacy or facility is clear and thorough. Discharge summary is accurately reconciled with pharmacy/facility records.				
<b>Total points for section _____ ÷ total possible points x 25 = _____</b>				

II. Content (75%)				
	No (0)	Inconsistent (1)	Yes (2)	N/A
a. <b>Data Gathering:</b> Identifies allergies/intolerances, including ADEs Identifies pertinent lifestyle information				
b. <b>Medication Name and Indication:</b> Introduces medication to patient, including drug generic/brand name, dose, dosage form Explains what the medication is for				
c. <b>Administration – When, How, Duration, Time to Benefit:</b> Explains how to use the medication Explains what to expect from the medication				
d. <b>Adverse Effects / Cautions:</b> Explains what to expect from the medication (adverse effects, drug interactions, and how to manage)				
e. <b>Drug Therapy Monitoring:</b> <b>Medication specific counseling pearls</b> Patient specific therapeutic endpoints discussed (with new Rx) or applied (with refill Rx). Provides appropriate monitoring techniques used to assess efficacy and toxicity of therapy and patient adherence with the regimen.				
f. <b>Storage, Refill:</b> Patient specific refill and storage information provided.				
<b>Total points for section _____ ÷ total possible points x 75 = _____</b>				
<b>III. Deductions</b> a. For incorrect information that would not result in patient harm, subtract 5% from the total score. _____ b. For incorrect information that would result in patient harm, subtract 15% from the total score. _____				
<b>Total Deductions if Applicable _____</b>				

Calculated points for areas: I. \_\_\_\_\_  
II. \_\_\_\_\_  
III. \_\_\_\_\_ (Enter 0 if no deductions)

**Total**