**Medication-Related Consultation Framework (MRCF)**

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| Trainee Name |  | Date of MRCF |  |
| Trainee Group |  | Stage of Training |  |

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

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| 1. **Introduction**
 | 🗸 | Comments |
| 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 trainee was **not able** to build atherapeutic relationship with the patient | 0 1 2 3 4Grade (A) | The trainee was **fully able** to build a therapeutic relationship with the patient |
| Comments: |

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| --- | --- | --- |
| 1. **Data Collection and Problem Identification**
 | 🗸 | Comments |
| 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) |  |  |
| The trainee was **not able** to identifythe patient’s pharmaceutical needs | 0 1 2 3 4Grade (B) | The trainee was **fully able** to identifythe patient’s pharmaceutical needs |
| Comments: |

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| 1. **Actions & Solutions**
 | 🗸 | Comments |
| 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) |  |  |
| The trainee was **not able** to establish an acceptable management plan with the patient | 0 1 2 3 4Grade (C) | The trainee was **fully able** to establish an acceptable management plan with the patient |
| Comments: |

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| 1. **Closing**
 | 🗸 | Comments |
| 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  |  |  |
| The trainee was **not able** to negotiate ‘safety netting’ strategies with the patient | 0 1 2 3 4Grade (D) | The trainee was **fully able** to negotiate ‘safety netting’ strategies with the patient |
| Comments: |

**Did the trainee demonstrate the following consultation behaviours?**

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| --- | --- | --- |
| 1. **Consultation Behaviours**
 | 🗸 | Comments |
| 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 trainee was **not able** to demonstrate any of these consultation behaviours | 0 1 2 3 4Grade (E) | The trainee was **fully able** to demonstrate these consultation behaviours |
| Comments: |

Supervisors must ensure that the patient feedback section of the “**Medication Related Consultation Framework (MRCF) Patient and Developmental Feedback Supplement”** has been completed before deciding on the overall impression of the trainee’s performance below. The feedback discussion section of the supplement must be used to document the feedback given with the overall impression.

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| **Overall Impression** Overall the Trainees’ ability to consult was… *(please circle)* |
| Poor | Borderline | Satisfactory | Good | Very good |

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| Name & Signature of Supervisor: |  | Date |  |
| Position of Supervisor: |  | Has the Supervisor received training in the use of MRCF? |  |

*MRCF tool. Adapted from the JPB MRCF 2010*