

## EPA 3: Prescribing

**Note:** This form has been altered to better support paper-based trialling of EPA assessments in 2023 and 2024. This form will be translated into an online version prior to implementation of an e-portfolio. Most of the details in the form will be prepopulated in the e-portfolio or entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

|                               |  |                |   |
|-------------------------------|--|----------------|---|
| Prevocational doctor name     |  |                |   |
| Term name                     |  |                |   |
| Term start date               |  | Term end date  |   |
| PGY                           | Term   | _____ of _____ | Week of term  |
| Date of assessment            |  |                |   |
| Supervisor name               |  |                |   |
| Assessor name                 |  |                |   |
| Assessor                      | <input type="checkbox"/> Specialist or equivalent (term supervisor)<br><input type="checkbox"/> Specialist or equivalent (other)<br><input type="checkbox"/> Registrar   |                | <input type="checkbox"/> Nurse/ nurse practitioner<br><input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Other                       |
| Consultation with/ input from | <input type="checkbox"/> Specialist or equivalent (term supervisor)<br><input type="checkbox"/> Specialist or equivalent (other)<br><input type="checkbox"/> Registrar<br><input type="checkbox"/> Nurse/ nurse practitioner<br><input type="checkbox"/> Allied health |                | <input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Patient<br><input type="checkbox"/> PGY1/2 peer<br><input type="checkbox"/> Other |

### Title

Appropriately prescribe therapies (drugs, fluids, blood products oxygen) tailored to patients' needs and conditions

### Focus and context

This EPA applies in any clinical context but the critical aspects are to:

1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate in the context of the patient

*Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.*

## Prevocational doctor to complete this section

### Description

This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

- 1. obtain and interpret medication histories
- 2. respond to requests from team members to prescribe medications
- 3. consider whether a prescription is appropriate
- 4. choose appropriate medications
- 5. where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
- 6. actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
- 7. provide instruction on medication administration effects and adverse effects, using appropriate resources
- 8. elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
- 9. write or enter accurate and clear prescriptions or medication charts
- 10. monitor medications for adverse reactions, efficacy, safety, and concordance
- 11. review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

### Case details

Brief description of issues of case:  
*[e.g. age, gender, diagnosis etc.]*

### Self-assessment

Self-reflection on performance of the task:  
*[how do you feel you went?, what went well and why?, what could you have done better and how? ]*

*Based on this case, what will you do to develop your learning further?*

### Outcome statements (this section of the form will be functional at implementation of an e-portfolio)

*[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]*

## Assessor to complete this section

|                     |  |  |
|---------------------|--|--|
| <b>Case details</b> | Patient type:  | <i>Brief description:</i><br>[e.g., age, gender, diagnosis etc.] |
|                     | <input type="checkbox"/> Child<br><input type="checkbox"/> Adult |  |

### Assessor's declaration

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The patient(s) is known to me and I have directly observed some part of the clinical interaction or have spoken to a team member that has |
|--------------------------|---|

|                                  |                                 |
|----------------------------------|---------------------------------|
| <b>Complexity of the case(s)</b> | <input type="checkbox"/> Low    |
|                                  | <input type="checkbox"/> Medium |
|                                  | <input type="checkbox"/> High   |

**Note:** Case complexity is a combination of the complexity of the medical presentation and relevant social factors. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

### Entrustability scale

Supervisors are asked to make a judgement on the degree of entrustment for this task; the level of supervision required.

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Requires direct supervision (I or the (day to day) supervisor need to be there to observe the interactions and review the work)   |
| <input type="checkbox"/> | Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)  |
| <input type="checkbox"/> | Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work) |

|   |   |
|---|---|
| <b>Was the entrustability rating appropriate for the level of training?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|---|---|

### Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

|                           |  |
|---------------------------|--|
| <b>Assessor sign off:</b> |  |
|---------------------------|--|