

**ULM INTERACTIVE PATIENT
COUNSELING TECHNIQUE EVALUATION FORM**

A. SETTING THE STAGE

	YES	NO	N/A
1. Did the student identify the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the student identify him/herself and the purpose of the counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the physical and patient barriers identified and dealt with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. CONSULTATION PROCESS

	YES	NO	N/A
1. Were the open-ended "Prime" or "Show & Tell" questions used appropriately to direct the dialogue to cover the three major areas of understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. What did the doctor tell you the medication was for? (What do you take this for?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How did the doctor tell you to take the medication? (How do you take it?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were other open-ended questions used to break up "How discussion?" e.g., "What does three times a day mean to you?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What did the doctor tell you to expect? (What kind of problems are you having?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was dialogue for each Prime Question completed before moving onto the next one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the student talk continuously for more than 60 seconds at a time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the patient asked to demonstrate wherever possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. CLOSURE

	YES	NO	N/A
1. Was the patient asked to verify overall understanding (Final Verification)? e.g., "Just to make sure I didn't leave anything out, please go over how you are going to use the medicine."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was an appropriate closure used? e.g., "Is there anything else I can do for you?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT'S NAME _____

MEDICATION: _____

PHARMACIST'S NAME: _____ **DATE:** _____