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Validation Instruments for Health Promotion in the Community Pharmacy Setting

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Introduction

The developments during the past fifty years have resulted in a complete shift in the role of the community pharmacist from that of mainly compounding of medicines to becoming an advisor on health-related issues (Schaefer, 1998). This shift resulted in highlighting the intervention of the pharmacist as the initial contact point for the provision of primary health care. An initiative undertaken in the United Kingdom in 1995, 'Pharmacy in a New Age', identified health promotion as one of the areas that community pharmacists should focus more on (Royal Pharmaceutical Society of Great Britain, 1996). In this day and age of cost containment, evidence-based practice is required to confirm the provision of professional services, including the provision of health promotion (Rupp, 1997).

This prompted the development of the Validation Method for Community Pharmacy, which is a process carried out to confirm the effectiveness of the pharmacist in the community setting (Azzopardi, 2000).

Method

The method of Validation of Community Pharmacy consists of a series of validation tools which are divided into internal validation tools and external validation tools. The internal validation tools are intended to be used by the community pharmacist or by a professional body to evaluate the professional services provided by the pharmacist. The external validation tools are aimed towards the consumer and non-pharmacist health professionals. The validation tools are based on a quantitative system, to which scores are assigned. Psychometric evaluation was carried out for all the validation tools and a standardised protocol for their implementation developed (Azzopardi & Salek, 1998, Azzopardi *et al*, 1999). The validation tools were implemented in 50 community pharmacies in Malta (Azzopardi, 2000).

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Results

In the Validation of Community Pharmacy method, quality assurance of the information provided as part of health promotion is addressed from two aspects. One aspect is the communication skills adopted and these are evaluated in the internal validation tool 'Communicating with the Patient'. The second aspect is the environment and resources provided which were assessed in the internal validation tool 'The Setting of the Community Pharmacy'.

The tool 'Communicating with the Patient' was developed on the basis that the pharmacist is particularly active in counselling not only on the use of medication, but also on health information. The tool consists of ten sections; each section carrying a maximum of ten scores. The sections were subdivided into eight stages. In the first stage of the tool the way the pharmacist greets the patient is assessed. The impact of the communication between the pharmacist and the patient depends on a number of factors. In the second stage (of the tool), the pharmacist's attending role consisting of the non-verbal and verbal messages is, assessed. The skills of providing privacy and establishing a pharmacist-patient relationship based on trust is assessed in stage three. During the interaction with patients, the manner of putting forward questions to the patient influences the relationship between the patient and the pharmacist.

The communication skills adopted improve the likelihood that the information is not only transmitted by the pharmacist but that it is also received by the patient. To achieve positive outcomes from the intervention of the pharmacist, the ability of the pharmacist to provide an individualized approach to the discussion is important and this is assessed in the fifth stage. Stage six consists of two sections, which are aimed at assessing the method of transfer of information from the pharmacist to the patient. The ability of the pharmacist to determine a patient's knowledge and expectations are assessed in stage seven, while in the final stage, the concluding phase of the pharmacist-patient interaction is assessed.

The internal validation tool 'The Setting of the Community Pharmacy' was developed on the basis that an appropriate setting may increase the probability of meeting the patient's expectations of the pharmacist, thus ensuring that the patient is more receptive to the messages transmitted by the pharmacist. The tool consists of twenty sections, each section carrying a maximum of ten scores. The sections were subdivided into seven stages. In stage three, the availability of resources and assessment of the pharmacy setting conducive to health promotion are evaluated. The environment of the pharmacy premises including the availability of health promotion leaflets and advertisements is assessed. Another section in stage three evaluates the window dressing of the pharmacy and scores are assigned if the window dressing includes health promotion advertisements. In Switzerland, where the Validation of Community Pharmacy Method has been modified, one of the changes undertaken by the Swiss Pharmaceutical Society is that pharmacies are expected to build up the pharmacy window based on a health promotion theme, e.g. travelling advice during the holiday months.

The results obtained by the 50 community pharmacies in Malta for validation tools 'The Setting of the Community Pharmacy' and 'Communicating with the Patient' are shown in Tables 1 and 2.

Conclusion

Through the consideration of the two aspects of the dissemination of health promotion, namely the communication techniques and the setting of the pharmacy, the validation of community pharmacy method can be used to confirm the active contribution of a community pharmacist as an advisor in health promotion and preventive medicine. Furthermore, the adoption of the proposed validation tools should lead not only to a further national but also trans-European harmonisation of community pharmacy practice.

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Table 1: Scores obtained for Validation Tool 'Communicating with the Patient'

Scores obtained (maximum 100)	Number of pharmacies (n=50)
91 - 100	0
81 - 90	1
71 - 80	29
61 - 70	18
51 - 60	2

Table 2: Scores obtained for Validation Tool 'The Setting of the Community Pharmacy'

Scores obtained (maximum 200)	Number of pharmacies (n=50)
151 - 160	1
141 - 150	13
131 - 140	15
121 - 130	6
111 - 120	8
101 - 110	4
< 100	3