On-line training in support of smoking cessation

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Pilot Background Information:
2002 Pilot funded by Pharmacy Guild of Australia in association with Gold Cross Products and Services:
• 20 Pharmacies: 10 from Victoria & 10 from NSW. Five pharmacies acted as controls.
• 20 pharmacies had about 60,000 customers visits per week, estimated that 10-50% or 6,000 – 30,000 of these customers smoked.
• The quit smoking program was ‘out of season’ – not in May (World No Tobacco Day) or January (usual New Year resolution)
• Each pharmacy sent 2 or more pharmacy staff including a pharmacist to an extensive 3 day training session.

Target
The pilot project was designed to:
• Improve health outcomes; and
• Enhance pharmacist role in smoking cessation
• Project sought to achieve 30% increase in sales of the Quit Smoking category.

Two months of sales data for NRT products was collected from pharmacies prior to commencement of the project to establish a baseline from which to measure sales performance. The target was at least twice that of the best current performing category in pharmacy.

Project was designed to test a “marketing approach” to the delivery of a professional smoking cessation services. Solution based retail layout ‘navigation storyboards’ were developed as the means to integrate professional behaviours within the marketing/category management approach.
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**Background**

- 2002 Pilot project involved 20 pharmacies with 60,000 customer visits/week

*Features of the professional marketing approach:*
- Quit Smoking Stand to assist customers and staff;
- Intensive staff training; and
- Consumer-specific information.

**Results**

Overall total sales for all stores achieved a 30% increase over their baseline sales figure within a 5 week period with the majority achieving more than 30%. These results have been sustained.

Customers were referred to their doctor and to Quitline as appropriate. The training allowed many enquiries to be handled by pharmacy assistants alone - on average 5 enquiries/week were handled by the pharmacy assistant (alone) and 15 enquiries/week involved the pharmacy assistant and the pharmacist.

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**2005 Quit Smoking Project**

*Features of the 2005 project include:*
- a revised Quit Smoking Stand;
- an ‘in-store’ protocol;
- materials and resources - written information about Quit services;
- consumer incentives to stay quit;
- an extensive evaluation; and
- an online training programme

The Pharmacy Guild of Australia worked within the context of the funding Agreement with government to further develop this approach and implement it nationally in order to:
- assist consumers to improve health outcomes; and
- strengthen and enhance pharmacy’s role in the delivery of primary health care services

**The Third Community Pharmacy Agreement funding - $A1.2 million for 200 intervention pharmacies and 200 matched controls. The project was funded to develop:**
- a revised Quit Smoking Stand;
- an ‘in-store’ protocol;
- materials and resources - written information about Quit services;
- consumer incentives to stay quit;
- an extensive evaluation; and
- an online training programme

The 200 intervention pharmacies were provided materials at no cost.

A Steering Committee with membership from VicHealth Centre for Tobacco Control, QuitVictoria, the Commonwealth Department of Health and Ageing, Action for Smoking and Health (ASH), The Cancer Council of Australia, and the Pharmaceutical Society of Australia guided the development of the project that was implemented from April 2005 following the online training component.
• The Pharmacy Stand – uses a marketing/category management approach. It’s a storyboard that utilizes the stages of change approach to smoking cessation and guides the pharmacy intervention to support the appropriate use of NRT products.

• The ‘in-store’ protocol that is linked to professional standards. The consumer is offered verbal information, support and advice and in certain circumstances referral to their general practitioner.

• Materials and resources include a resource manual, point of sale material, and supporting consumer material - written information about quitting and Quit services.
The incentives for intervention pharmacies included:
- consumer incentives to stay quit – passport, free product and holiday chance to win; and
- pharmacy incentives to provide data - A cash incentive of $2 per evaluation survey returned and a cash incentive of $200 per pharmacy for providing sales data before and during the trial; and 1 QCPP Continuous Quality Improvement point.

The 200 control pharmacies will only be provided with:
- The cash incentive of $2 per survey returned;
- A cash incentive of $200 per pharmacy for providing sales data before and during the trial; and
- At the end of the trial will be offered a discount price for the retail stand and training.

Evaluation
- an extensive evaluation including quit rates at six months post commencement of NRT; and
- an online training programme

The project provided online training for two pharmacy assistants and one pharmacist for each pharmacy: 6-8 hours for pharmacy assistants and approx 4 hours for the pharmacist.

The online training program developed for the Pharmacy Guild of Australia by the Centre for Innovation in Professional Health Education, University of Sydney, has trained over 600 pharmacists and pharmacy assistants nationally in 3 months.

The program represents the key educational strategy in a major research intervention to increase the uptake of smoking cessation advice and products by consumers.

The educational structure of the program uses an innovative case-based learning model which introduces new knowledge and guides the provision of advice.
A structured program is provided for each group including participation deadlines for every activity.

Preparatory learning- knowledge cases and integrated case with multiple domains introduced as a self test

Approximately 2 hours for pharmacy assistant

Four knowledge domains
Section 1: Smoking and Health
Section 2: Methods of Quitting
Section 3: Smoking Cessation Products
Section 4: Identify customer needs

Pharmacy assistants 26 multiple choice questions
Pharmacists less questions but more complex

Pharmacists were given additional reading material as pre-reading for the next stage of the course This material covered advice for specific situations including:

Pregnant women;
Patients with cardiovascular disease;
Combination therapy
NRT and other medicines
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The guided cases are used to guide thinking and use a structured framework – a modified 5As. 

Case based scenarios that require the learner to integrate and analyse case information

3 scenarios – where the smoker is at different stages in the stages’ of change cycle and has varying nicotine dependence.

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As the guided case develops the learner is given more information about the patient to allow them to assess the needs of the person.

At each stage of the 5As a pre-prepared expert response is given after the student submits their answer.

Three guided cases which take an average of 2 hours to complete are included.

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The interactive case presents more complex or detailed scenario. It is designed to support integration of knowledge, the 5As and the pharmacy protocol.

The expert facilitator provides one-to one feedback and participants are encouraged to respond to the feedback with a revised response where necessary. This section also describes the boundaries of the pharmacy assistant role. For example in one case the assistant covers the ask and assess and refers to the pharmacist who advises about Nrt and vivid dreams and early morning cravings.

The case has several “what ifs?” in it to cover patient variables.
Practical Issues Forum – approximately 1 hour

Expert facilitators provide feedback to participants and moderate a discussion of important practice issues raised in an online forum.

Feedback includes:
- Facilitator to Group
- Facilitator to Learner
- Learner to Learner

Online evaluation – pharmacy assistants -13 questions - 9 Lickert scale, 4 free text.
Pharmacists – 5 questions – 3 Lickert scale 2 free text

Evaluation underlined the importance of the introductory/orientation component and the multiple approaches to promote understanding.

Case based learning with expert feedback was rated highly by participants. E.g. 98% of pharmacists rated guided cases as quite or very helpful to improve their knowledge about smoking and NRT products.

Most pharmacy assistants spent between about 6 hours with only 8% spending greater than 8 hours to complete the course. Pharmacist spent about 4 hours.

75% of participants rated the program as equivalent or better than face to face learning in terms of effectiveness.