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Effectiveness of a tailored training programme in behaviour change counselling for community pharmacists: A pilot study

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ABSTRACT

Objective: To undertake a pilot study assessing effectiveness of a tailored training programme in behaviour change counselling (BCC) for community pharmacists on, their competence and confidence in delivering behaviour change consultations, skill retention over time and impact on practice.
Methods: Community pharmacists ($N = 87$) attending Primary Care Trust training were given study information and invited to take part. Baseline BCC competence of consenting pharmacists ($n = 17$) was assessed using the Behaviour Change Counselling Index (BECCI). Following BCC training, competence was reassessed at 1, 3 and 6 months. Friedman's test was used to compare median BECCI item scores at baseline and after 6 months. Structured interviews were conducted to assess pharmacists' confidence in BCC consultations after training.
Results: Baseline BECCI scores of 0–2 demonstrated pharmacists had not reached competence threshold. Six months after training, BECCI scores improved significantly from baseline ($p < 0.05$). Competence in delivering BCC (scores of 3–4) was achieved at 3 months, but lost at 6 months for some items. After training, pharmacists felt confident in delivering BCC.
Conclusion: Training pharmacists enabled them to deliver BCC competently and confidently.
Practice implications: BCC aligns with pharmacist-patient consultations. It took 3 months to achieve competence. Ongoing support may be needed to maintain competence long-term.

1. Introduction

Motivational interviewing (MI) is an intervention used widely in health care, where behaviour change and patient motivation are issues. It is defined as a '*directive client centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence*' [1]. A systematic review and meta-analysis [2] showed MI outperformed traditional advice-giving in approximately 80% of psychologist/physician based studies, with no harms. The lengthy timeframe of an MI session (typically 50–60 min), was seen to limit its use in primary care, leading to the development of a 'brief' MI framework [3], now known as behaviour change counselling (BCC). BCC describes a communication style based around four elements, (i) expression of empathy, (ii) development of discrepancy between current behaviour and the individual's wider goals, (iii) 'rolling' with resistance, rather than opposing it, (iv) support for the client's confidence in their ability to change. BCC can be delivered in 5–15 min [3].

Community pharmacists regularly deliver public health services, such as smoking cessation, services to drug misusers, sexual health services, weight management and 'heart-health checks' [4,5,6]. Many of these initiatives involve the pharmacist in one-to-one consultations, with a behaviour change focus. The advent of the medicines optimisation agenda presents opportunities for pharmacists to address medicines adherence, for example with the delivery of NHS medicines use reviews (MURs), but it also offers pharmacists further public health involvement [7]. Delivering this agenda requires change to the traditional advice-giving role of the pharmacist and a move towards a more patient-led consultation style. Pharmacists' consultation skills have been shown to require development [8,9] particularly in creating a patient-centred consultation [8,10,11]. Evidence suggests pharmacists lack confidence in achieving positive outcomes from counselling [12] and that they are most comfortable with public health interventions involving provision of a medicine rather than advice [13,14]. This

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may in part be related to time constraints, which are repeatedly cited as the main barrier to pharmacy consultation and counselling-based services [4,5,15,16]. Consultation models introduced into pharmacy must be mindful of the significant time pressures which exist in the community pharmacy where the norm is that the pharmacy is managed by just one pharmacist [12] and thus BCC offers a credible framework. The BCC approach has been tested in many domains of healthcare, but there is currently little evidence of its use in pharmacy, although studies have tested the feasibility of pharmacists incorporating MI techniques into consultations [17] and adopting an MI approach with substance misusers [18]. This current work represents the first pharmacy-based study to use BCC as a basis for intervention delivery. The study is novel in determining competence of the pharmacists in BCC at baseline and in assessing the competency of the pharmacists to provide BCC over time. The work was part of a larger project, in which the trained pharmacists provided BCC to people with mild to moderate depression to increase physical activity.

The aim of this pilot study was to assess effectiveness of a tailored training programme in BCC for community pharmacists on their competence and confidence in delivering behaviour change consultations, skill retention over time and impact on practice.

2. Methods

2.1. Ethical approval

Ethical approval was obtained from Medway School of Pharmacy Ethics Committee and the Kent and Medway NHS Research Ethics Committee in July 2009 (reference number 10/H1101/34).

2.2. Pharmacist recruitment

This pilot study was carried out in two areas of England involving two cohorts of pharmacists, October 2009–April 2010 and October 2012–April 2013.

All community pharmacists ($N = 272$) in five collaborating Primary Care Trusts (PCTs) (cohort one: Medway, Lewisham, City and Hackney and cohort two: North and North East Lincoln) were invited, via letter, to either attend an information evening focused on the management of depression, (cohort one) or for cohort two, view a recording of the depression training. Study information was provided to all pharmacists ($N = 87$) in both cohorts who received training.

Eligibility criteria were employed to select study participants from those receiving training. Requirements were: work at least two days per week in the same pharmacy, permission from the pharmacy owner to participate, have a designated pharmacy consultation room, be able to attend a BCC training day and willing to undertake pre- and post-training activities. Pharmacist participants also had to be willing to undergo periodic BCC skill assessment following training. Seventeen pharmacists (11 cohort one, 6 cohort two) met the criteria and consented to take part.

2.3. Competence assessment

Competence in BCC can be assessed using the Behaviour Change Counselling Index (BECCI) [19]. The BECCI scores healthcare professionals on 11 items which equate to 11 components of the BCC consultation. Each item is scored using a scale of 0 ('action not carried out at all in the consultation'), 1 ('action carried out minimally'), 2 ('action carried out to some extent'), 3 ('action carried out a good deal'), 4 ('action carried out to a great extent'). Scoring is conducted by someone with a good knowledge of BCC and the checklist and has undertaken preparatory training [20]. The practitioner is deemed competent in BCC if they score 3s or 4s across all BECCI items applicable to the particular consultation [20]. A 12th BECCI item, not included in the overall scoring, assesses the proportion of time the practitioner talks in the consultation compared to the patient. The practitioner is scored as talking 'more than half the time', 'about half the time' or 'less than half the time'.

2.4. Simulated consultations

Four consultation scenarios (A–D), based on different 'patients' with mild to moderate depression, were devised by the lead researcher in conjunction with an advisory group consisting of three expert patients (mental health service users), a GP, a pharmacist and an MI-trained consultant nurse, all specialists in mental health. The scenarios were designed to enable all 11 BECCI items to be assessed. An actor was recruited to play the role of each patient. Scenario training for actors was carried out by the researcher to ensure consistency.

2.5. Baseline competence assessment

Simulated consultation A was used to assess competence in BCC at baseline, prior to training. The actor arranged to visit each of the 17 pharmacist participants at a mutually convenient time. Simulated consultations took place in the pharmacy and were video recorded and subsequently scored independently by two members of the research team, using the BECCI. Scores were negotiated where assessor scores differed, or by awarding a mean score if agreement could not be reached.

2.6. The training programme

The training was designed and delivered by the lead researcher and the consultant nurse trainer, both of whom have experience in developing training programmes for post-graduate healthcare practitioners. There was input from the advisory group who reviewed materials and training scenarios. Both cohorts of the training followed the same format. The training consisted of four phases:

(i) *Phase 1: Pre-workshop materials*

Distance learning materials included signs and symptoms of depression, assessment of depression symptoms severity, referral criteria, recommending physical activity, local resources. A brief introduction to BCC was also included, being a new concept for the pharmacists.

(ii) *Phase 2: The training day*

Sessions throughout the day covered the ethos behind BCC and BCC techniques, including rolling with resistance, importance and confidence scales and goal setting. This part of the training also recapped the importance of existing consultation skills and highlighted where new skills and a different approach to counselling were needed. Other sessions included; managing the consultation—introductions, gaining permission and time management; ending the consultation and follow-up visits. The training was interactive, with practice sessions and role-play throughout.

(iii) *Phase 3: Post workshop reading and tasks*

Following the workshop, pharmacist participants were required to undertake more detailed reading on BCC and consultation skills.

(iv) *Phase 4*: Completion of post-training competence assessment, feedback and reflection as detailed in Section 2.7.

2.7. Post-training competence assessment

Each pharmacist undertook a further three different simulated scenarios (scenarios B–D, respectively) 1, 3 and 6 months after

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