



L-Università ta' Malta
Faculty of
Medicine & Surgery

Department
of Pharmacy

Validation Tools for Community Pharmacy

External: Health Professionals Tool

VALIDATION OF COMMUNITY PHARMACY Health Professionals Tool

Name of the Pharmacy or Practice _____ Locality _____

Health Professional Number _____ Date _____ Time _____

The research project Validation of Community Pharmacy is being carried out by the Department of Pharmacy of the University of Malta in collaboration with the Welsh School of Pharmacy, UK.

We would be very grateful if you could spare 5 minutes of your time to complete this tool. All the responses you will give will be treated in strictest confidence and will be analysed together with all the other completed questionnaires. Thank you in anticipation.

1. Approximately how often do you discuss your patient's drug therapy with the pharmacist?

Please tick one

frequently

10

rarely

6

never

0

2. How satisfied are you with the services offered by this community pharmacy to yourself and to your patients?

Please tick one

very satisfied

10

fairly satisfied

8

neither satisfied nor dissatisfied

6

not very satisfied

4

not satisfied

1

3. Could you please rate the importance of the following counselling points when the pharmacist dispenses a prescribed medication:

<i>Please give an answer for each one</i>	Very Important	Fairly Important	Neither important Nor unimportant	Fairly unimportant	Very unimportant
on how to take the prescribed medication	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
on side effects to be expected from the prescribed medication	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
on medications to be avoided with prescribed medication	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
on lifestyle changes	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
on the illness for which the medication was prescribed	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

4. How much are you in favour of the pharmacist carrying out the following services?

<i>Please answer for each one</i>	Strongly Agree	Agree	Don't Know	Do not Agree
routine patient assessment (eg blood pressure monitoring)	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
generic product selection	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
therapeutic substitution	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

Remarks

LEAVE BLANK

For compilation of results

Total Grade