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Evaluating pharmacists' ability to counsel on tobacco cessation using two standardized patient scenarios

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Abstract

Objectives—To evaluate the impact that role-playing two pre/post standardized patient scenarios within a tobacco cessation training program had on pharmacists' counseling skills. Second, to analyze the validity of the observation coding tool used to evaluate pharmacist's role-play performance.

Methods—Pharmacists performed two role-playing scenarios which incorporated national guidelines, the 5A's counseling process, and the “preparation” and “action” phases of the transtheoretical model. Pharmacists' performance was evaluated with an observation coding tool.

Results—Pharmacists' (n=25) counseling performance improved significantly post-training ($p<0.02$: Action Scenario; $p<0.004$: Preparation Scenario). More than 50% of pharmacists provided patient-directed tobacco consultation services in the one year following training. The observation tool score for the “action phase” scenario was highly associated with pharmacists' subsequent delivery of tobacco cessation services in community practice.

Conclusion—Role-playing facilitated pharmacists' skill development. The evaluation tool and Action Scenario may be powerful for predicting pharmacists' delivery of tobacco cessation services.

Practice Implications—Incorporating role-playing and structured tools for performance evaluation can help enhance pharmacist performance during training and predict service delivery in community practice. Together they could facilitate tailored feedback to help pharmacists struggling with the difficult task of extending cognitive service roles in practice.

Keywords

Tobacco cessation counseling; transfer of learning; standardized patient; role-play; pharmacist

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1. Introduction

Although in the past five years there has been a growing body of quasi-experimental design and randomized controlled studies examining the impact of pharmacist interventions on patient and economic outcomes [1-12], many fewer examine what methods are most effective for training pharmacists to extend their cognitive service roles. Specifically, what methods of training can best help pharmacists translate their knowledge into actual service delivery.

Tobacco cessation counseling represents an important cognitive service for pharmacists to deliver. Despite the fact that tobacco use decreases when patients receive counseling from a health care provider, over 20% of the US population smokes and cigarette smoking remains the leading cause of preventable death in the United States [13]. Although 70% of tobacco users access health care providers each year, fewer than 5% of patients visiting community pharmacies reported being asked about tobacco use by a pharmacist [14]. Explanations include the inadequate training provided in health care curricula [15] and the poor design of training programs. Continuing professional education programs have been criticized for failing to directly impact practice change or influence patient outcomes [16-18]. In addition, training programs for health care practitioners often lack methods for valid and reliable performance assessment [19-21].

The current U.S. comprehensive tobacco cessation guideline, *Treating Tobacco Use and Dependence: Clinical Practice Guideline* [13], sets a high priority on conducting research on the effective elements of successful training programs. In previous research, the authors demonstrated that a tobacco cessation training program which incorporates essential elements of adult education theory and stresses a more active approach to skill development, can result in significantly increased knowledge and self-efficacy to counsel patients on tobacco use [22]. This current study focuses on a primary active learning strategy: standardized patient (SP) role-plays, and uses two SP pre/post-test scenarios with participants to make a formal evaluation of the impact of the training program on pharmacists' tobacco cessation counseling skills.

Incorporating opportunities in training modalities for learners to reflect and apply what they have learned using interpersonal interactions is more likely to lead to practice changes [23]. Standardized patients (SPs) can be used to create opportunities for engaging in interpersonal communication and applying skills and knowledge. Post-encounter, the learner can self-reflect on their performance. SP encounters are being incorporated more and more into health sciences education for teaching and evaluation purposes [24-26]. Because SP encounters are beginning to be used more in professional education, rigorous evaluation of their benefits is needed.

The objective of this study was to evaluate the impact of enhancing pharmacist consultation skills by having pharmacists role-play two pre/post SP scenarios within a tobacco cessation training program. Outcomes were pharmacists' observed skills and practice-change behaviors related to tobacco cessation services. Furthermore, construct and predictive validity of the tool were tested with performance and subsequent service provision by the 25 pharmacists.

2. Methods

2.1 Study design

A quasi-experimental pre/posttest design was used. The tobacco cessation training program (described in Martin et al [22]) was designed for practicing pharmacists and included a full-

day (8-hour) live training workshop. Consistent with self-efficacy theory, the training program for pharmacists provided SP encounters with rehearsal and informal feedback to pharmacist learners.

A pilot study was conducted in 2001 with nine participants to pretest the training program and the two SP scenarios. This earlier study was useful in establishing the feasibility and ease of implementing the training program, including the videotaped patient scenarios.

2.2 Patient scenarios

To provide pharmacists' counseling skills practice, two SP scenarios were developed. The scenarios were intended to be used as a teaching, learning, and assessment opportunity for pharmacists wishing to incorporate tobacco cessation counseling services into their practice. The two scenarios incorporated the national tobacco cessation guidelines, including the 5A's counseling process (*ask, advise, assess, assist, arrange*), and targeted the "preparation" and "action" phases of the transtheoretical model.

This evaluation process was developed independently from the education workshop. It was used to test knowledge, skills and judgment related to tobacco cessation counseling for patients preparing for a quit attempt in the next month or actually attempting to quit now (i.e. the preparation and action phases of the transtheoretical model respectively). These were chosen because the pharmacists enrolled in the study were participating in a larger research study engaging young adults in quitting tobacco use. The pre- and post-tests were administered the same day as the live workshop, 8 hours apart, and structured identically, with each pharmacist acting as his or her own control.

2.2.1 Action scenario—This scenario was an encounter with a patient in the action phase of quitting tobacco use, meaning she was four days into her quit experience and presenting with a medication-related problem. This scenario required pharmacists to not only have knowledge of tobacco cessation principles, but also good problem-solving skills. Her chief complaint was an allergic reaction (rash) likely due to her tobacco cessation medications. The pharmacist needed to determine the likely cause of the reaction, how best to treat her reaction, and help the patient maintain her quit attempt. Using the 5 A's, the pharmacist would be expected to ask the patient about their tobacco use, advise them to continue their quit attempt, assist in resolving the medication-related issue, and arrange for follow-up to assess whether resolution to her problem was accomplished. The Action Scenario required pharmacists to use clinical judgment and problem solving abilities to prioritize their patient encounter, aimed at resolving her drug-related problems.

2.2.2 Preparation scenario—The second scenario was an encounter with a patient in the preparation phase of quitting. He was ready to quit in the next 10-14 days and had prescriptions for medications and requested assistance. This station required pharmacists to use the formal tobacco cessation counseling aids presented during training, especially the Counseling Guidesheet [*Rx for Change: Clinician-Assisted Tobacco Cessation*. San Francisco: The Regents of the University of California, 1999-2010] as a roadmap to step them through the "5As" process and the patient encounter. Applying the 5A's, the pharmacist would be expected to ask about tobacco use, advise to quit smoking, assess how ready the patient was to begin their quit attempt, assist in preparing to quit smoking, and arrange for follow-up contact. The Preparation Scenario followed closely the Counseling Guidesheet and thus offered a more fixed protocol with a clear road map of items to address and strategies to adopt in the SP encounter. Unlike the Action Scenario, major problem solving was not required.

2.3 Measures

An observation tool was developed with content validation by a national expert panel of six reviewers. Items in the evaluation tool were generated within each of the discreet behavior performance areas, including the 5A's, and modified to fit each specific scenario. The expert panel provided a check for content validity by rating each item's relevance on a scale from 0 to 4, (0, not at all; 4, to a high extent) adapted from Norgaard and colleagues [27]. Items were considered relevant when the median for each variable was greater than 2.0, indicating more than half of the panel indicated a value greater than "to some extent" on the relevancy scale. For the Action Scenario, ask and assess had medians of 2.0 and 2.5, respectively. For the Preparation Scenario, all 5A's components were considered highly relevant (median relevancy ratings equaled 4.0). The expert panel also assessed globally the comprehensiveness of each tool using a similar 0 to 4 scale; all medians were 4.0. Finally, the panel identified minimum requirements for competency. If 100% of the panel agreed the item was a minimum requirement, the item was weighted with a doubled score value and factored into the pharmacists' performance score on each scenario.

To test the predictive validity of the observation tool evaluating pharmacist performance during the role-plays, the data on the pharmacists' delivery of tobacco cessation services was collected for one year following the training. Pharmacists were reimbursed for the services they offered patients which provided a complete set of pharmacist invoices which could be analyzed for implementation of tobacco cessation counseling services. These were augmented with phone interviews with pharmacists conducted by a research assistant.

2.4 Sample Selection

A total of 27 Wisconsin pharmacists were invited to participate in the training program as part of a larger research project targeting 18- to 24-year-old tobacco users. Notice of Exemption from our institution's ethical review board was received. Based on the likelihood that the practitioners could undertake this enterprise, access and enroll tobacco users, and have a work environment that supported patient-directed services, a final purposive sample of 25 Wisconsin pharmacists agreed to participate in the program and were each paid \$200. Participant ages ranged from 23 to 50 years (average 35 years). Additional pharmacist demographics are reported in Table 1.

2.5 Analysis

The primary aim of the planned analysis was to determine the effect of the training intervention. The validity and reliability of the observation tool were analyzed. The internal consistency (Cronbach's alpha) was calculated for each scenario. Mean scores and standard deviations were calculated for each performance. Paired t-tests were used to determine whether pharmacists' ability to counsel patients on tobacco use and nicotine replacement therapies improved post-training ($p < 0.05$). Logistic regression analysis was used to test whether pharmacists' behavior performance would predict if they provided a tobacco cessation service in their practice setting. A chi-square test for independence was used to determine if prior experience assisting patients with tobacco cessation related to post-training service provision. SPSS 13.0 (Chicago, IL) was used for all analyses.

3. Results

3.1 Internal consistency

Two independent observers received training and a code book developed by the researcher specifically for using the validated observation tool. The primary observer (a lay person) viewed and scored all videotaped role-plays while the second observer (a pharmacist) viewed and coded 20% of the performances in order to assess interrater reliability. The study

hypotheses were analyzed using datasets created using a single, primary observer's data. The Cronbach's alpha for each scenario, using both pre-and post-test performance data, are reported in Table 2. As these suggest, the reliability was reasonably high for all uses of the observation tool. Additional calculations of Cronbach's alpha coefficients were conducted to assess whether reliability results would change based upon using pre- versus post-training case results, again using single observer data. These results do not differ greatly. For this research, post-training data were used for the majority of hypotheses tested. The Cronbach's alpha were both greater than 0.8, as is desirable when creating and using such an instrument.

3.2 Pharmacists' performance scores

Having examined the reliability of the behavior performance measures, the next step in the analysis was to study the actual behavior performance scores of pharmacists with both videotaped stations before and after the training program. For data analysis purposes, summed scores were calculated for items in each of the behavior performance domains, including the "5As" topics (*ask, advise, assess, assist, arrange*), and desired *outcomes* (which included having an appropriate plan and resolving patient issues). An overall score was obtained by summing all behavior performance items. Table 3 shows the maximum score obtainable for each of the summed scores per station and the resulting range of scores attained by the pharmacists in both the pre-training and post-training patient encounters.

Pharmacists' counseling performance with SPs improved significantly post-training ($p < 0.02$ for the Action Scenario and $p < 0.004$ for the Preparation Scenario). In the Action Scenario specifically, *assist* and *overall score* improved significantly ($p < 0.05$). *Outcome, advise* and the *sum of 5A's* showed a trend toward significance at the 0.10 level. In the Preparation Scenario, categories which showed significant improvement post-training were *ask, assess, assist, sum of 5A's*, and *overall score*. These results are consistent with the training program focus.

3.3 Tobacco cessation service provision

Based on phone interviews and submitted invoices during a 12-month period, 75% of pharmacists who completed the training program attempted to implement a tobacco cessation service at their practice sites post-training. Of those, more than 50% ($n=13$) of pharmacists actually assisted patients with tobacco cessation up to 1 year after being trained. These pharmacists were called "service providers." Although 11 pharmacists had reported previous counseling experience, a chi-square test for independence found no relationship between previous experience assisting tobacco cessation patients and post-training service delivery.

Before testing whether role-play performance predicted pharmacists' provision of tobacco cessation services post-training, independent sample t-tests were conducted to compare baseline scores (pre-training) for "service" and "non-service" providers to assess whether differences between providers and non-providers existed prior to the training program. Only one baseline performance measure, the Action Scenario's *arrange*, differed significantly between service providers and non-providers, with non-providers having a higher baseline score, with an effect size of 0.171.

Table 6 provides the significant performance results using paired t-tests to test the mean differences (improvements) in performance by service providers and non-providers post-training. Several Action Scenario performance measures were highly associated with service provision. Pharmacists who did not perform the service post-training showed no statistically significant differences pre/post training on the Action Scenario. The *arrange* item differed at baseline for the two groups; post-training service providers gained considerably whereas

non-providers actually decreased their score, although not significantly. The effect sizes for the measures were moderate to large, ranging from 0.099 (*ask*) to 0.558 (*overall score*). Results for the Preparation Scenario comparison of provider groups were mixed. Service providers showed an improvement in post-test observation scores for three measures, while non-providers performed significantly better in four measures. Consistent with the greater fixed protocol-like nature of this scenario, the *assist* measure contained the most extensive list of items consistent with the Counseling Guidesheet, ranging from identifying motivations and triggers to discussing medications and managing withdrawal symptoms. The effect sizes for both groups were moderate to large, ranging from 0.08 (*arrange*) to 0.410 (*ask*) for providers, and 0.108 (*advise*) to 0.568 (*assess*) for non-providers.

4. Discussion and Conclusion

4.1 Discussion

The primary objective of this exploratory study was to evaluate the impact of a comprehensive tobacco cessation training program on pharmacists' tobacco cessation counseling performances. For the purposes of this research, pharmacists' performance ability related to their clinical competency in applying the Transtheoretical Model and the "5As" counseling process, as contained in the *Clinical Practice Guideline* [13]. Significant gains in pharmacist counseling skills were found in both the Action Scenario and the Preparation Scenario. A secondary objective was to determine if behavior performance measures could predict pharmacists' ability to transfer their learning to practice by implementing and enrolling patients in a tobacco cessation service at their pharmacy. While the Action Scenario performance did provide this prediction, the Preparation Scenario did not.

4.1.1 A Tale of two scenarios: action and preparation—The Action Scenario clearly differentiated between two groups of pharmacists: those who provided tobacco cessation services in their workplace post-training, and those who did not. Service performers showed significant improvements post-training, while non-performers showed no significant changes (Table 6). In this scenario, the Counseling Guidesheet provided less guidance as a roadmap for the pharmacists, and thus, more problem-solving was required for an effective consultation. Incorporating at least one SP encounter that requires problem-solving skills may be more likely to predict those practitioners who will actually incorporate patient-centered services into their practice setting, (i.e. impact practice change).

Although the Preparation Scenario did not differentiate subsequent service delivery between providers and non-providers as the Action Scenario did, it did provide evidence that the training program was effective. Behavior performance measures, including important components of the 5A's counseling process, improved significantly post-training. The Preparation Scenario also further validates the observation tools, as well as the predictive quality of the Action Scenario. The scenario allowed pharmacists the opportunity to demonstrate competency in applying clear guidelines in assessing a patient's readiness to quit and basic tobacco cessation counseling skills. It provided a means for pharmacists to relate the knowledge and skills they learned during the training program to a standardized patient. The fixed protocol nature of the station requirements (using the Counseling Guidesheet during the post-training videotaped role-play to work through the "5As" process) allowed for clear measurement of pharmacists' application of the clinical guidelines to a SP encounter. However, this fixed protocol-type scenario did not predict whether pharmacists transferred what they learned to their practice setting. Thus, at a minimum, both scenario-types are needed to evaluate the different training program outcomes.

4.1.2 Using SP scenarios in training programs—The training program benefitted from having two SP encounters with varying skills and skill-level requirements for each scenario. Utilizing pre/post encounters provided a comparative measure of the participants' skills and responses when confronted with a patient or clinical situation both before and after training. The videotaped SP role-plays served two purposes: 1) as a formative evaluation process through which faculty gained insight on the effectiveness of program content, delivery and potential practice-based outcomes, and 2) as an additional learning environment aside from the classroom to serve as a stimulus and resource for ongoing learning. Participants could view the role-play scenarios as preparation for real-life clinical encounters, a notable experiential learning activity required for learners to actually change behaviors [28].

Characteristics of the two stations that would be generalizable to other training programs would be the required problem-solving versus fixed protocol application of principles learned. Although these characteristics related to specific Transtheoretical Model phases incorporated into the two SP scenarios, it cannot be generalized that a scenario about a patient in the action phase requires more problem-solving than a patient in the preparation phase. Varying the scenarios by their degree of problem-solving can be accomplished based upon the training program itself [29].

An improvement in the way the SP encounters were implemented would be to allow for pharmacists to receive feedback, a useful guideline for maximizing the role-play experience [30-32]. In doing so, two things would be accomplished. First, the observer would hear the pharmacist's personal self-reflection on the patient encounter. This reinforces the importance of self-reflection after every patient encounter and allows the observer to assess how honest and accurate the pharmacist is in their performance perceptions. Second, the observer would then provide effective feedback to the pharmacist on their performance. This feedback serves to reinforce positive aspects of the patient-pharmacist encounter and provides constructive suggestions for ways to improve their counseling skills. Without performance feedback it is difficult for learners to gauge their progress. Bandura [33] suggests that providing feedback that focuses on the learner's ability rather than their hard work impacts more positively on their self-efficacy beliefs and motivation to learn.

Post-training evaluations revealed that pharmacists found the program content valuable, especially the hands-on time with the tobacco cessation medications, role-playing exercises, and various counseling tools. Since the original training session, this program has been provided to almost twenty additional pharmacists, many of whom had colleagues who had already received the tobacco cessation counseling training. At the beginning of each of those live workshops, participants were asked what they desired most out of the program. The majority asked for problem-solving discussions and stories about pharmacists currently providing tobacco cessation services in their practice settings. Thus, the participants who were anticipating implementing and providing the service were also focused on problem-solving activities. To accommodate their request, the training was modified to incorporate the use of vignettes which modeled good consults, trigger tapes which prompted dialogue about how to address patient concerns, and role-play scenarios with time for debriefing and feedback. In addition, all training material was presented in a discussion format as opposed to any lecturing.

4.1.4 Other factors related to service provision—The percent of variance unaccounted for in the analyses may be due to other factors not measured at baseline. The pharmacist's level of schooling, their motivation to provide tobacco cessation services, and the level of organizational support (i.e. workplace environment and employer support), may be some of the factors that influence whether or not pharmacists actually implement and

provide a patient-related pharmacy service. Our pharmacist pool varied by years since graduation and place of employment (eight at independent pharmacies, seven at chain pharmacies, and nine in a managed care organization). Of those pharmacists who actually provided the tobacco cessation service, six were independent, four were chain, and three were managed care (two of which were in clinic settings) pharmacists. Thus 75% of the independent pharmacists provided services, versus 57% of chain pharmacists and 33% of the managed care pharmacists. The pharmacists who sustained the service beyond one year and assisted the greatest number of patients with quit attempts were all independent pharmacy practitioners. In this study, therefore, the organization type seemed to play a role in whether or not pharmacists provided the service and actually sustained it long-term. With a larger sample it would be interesting to examine interactions between performance variables, self-efficacy and organization variables.

Several limitations should be kept in mind when interpreting the results of this study. First, caution must be exercised in generalizing results because of the small, select, sample size of Wisconsin pharmacists participating. Participants were specifically invited to participate due to their previous involvement in pharmaceutical care initiatives, because they were a clerkship site for the school of pharmacy, or the participant volunteered as an employee of a managed care organization we partnered with previously. Because a control group was not included in the study design, we are unable to state with certainty that any observed changes are, in fact, due to the training program. Nonetheless, using the participants as their own controls reduced the variability of, and controlled for, individual differences unrelated to the intervention itself. Thus, use of repeated measures enhanced the power of the analysis with fewer subjects.

The limitation of using videotaped scenarios is that the patient care room and barrier-free setting (private counseling area, no time constraints, patient was motivated) may have been unrealistic in comparison to the pharmacists' actual practice settings. Use of videotaped patient simulations may have produced anxiety for the pharmacists and negatively affected their performance. However, Kruijver et al [34] found that although participants reported some stress with the simulation process, the majority forgot that they were interacting with an actor or being videotaped, thus the stress didn't affect their behavior to any considerable extent.

4.2 Conclusions

This study was exploratory in nature. It contributes conceptually to the current knowledge about the design of education programs to enhance knowledge, skills, and transfer of learning to practice. This was accomplished by designing a training program for pharmacists that applied essential elements of adult education theory and stressed skill development and maintenance. Two SP role-play scenarios were designed to establish baseline and post-training pharmacists' performance skills. The scenarios differed by the type of patient served (female or male), the patient's stage of readiness (action or preparation), and the degree of skill difficulty (problem solving skills or application skills).

Role-playing facilitated pharmacists' skill development. The evaluation tool and Action Scenario were powerful for predicting pharmacists' delivery of tobacco cessation services. Incorporating various patient scenarios to assess pharmacist performance is beneficial for pharmacists' learning and may predict whether pharmacists will transfer their learning to practice.

This research can serve as a model for future pharmacy research through the integration of standardized methodological procedures for observation research. The theoretical constructs and methods can also be applied to other areas of health education research. Standards for

effective and efficient performance of tobacco cessation counseling in patient role-plays have not been studied. This research addressed this gap by developing and validating task-specific measurement tools to evaluate professional competencies in the area of tobacco cessation counseling. These measurement tools can also be used as learning tools within the context of a training program with the opportunity to provide participant feedback, reinforce patient counseling strengths and identify skills in need of improvement. This measure of behavior performance is critical in validating the impact that an appropriately designed education program can have on professional behavior and transfer of skills to the practice setting. This research can also enhance the current nationally disseminated tobacco cessation training curriculum developed by Hudmon et al [14].

Lastly, a further unique contribution is the examination of how videotaped behavior performance is associated with actual implementation of a pharmacy service, and to do so, drawing on existing social psychological and educational theories, primarily, Self-Efficacy Theory [33]. The inclusion of service implementation and provision as evidence in this study reveals that pharmacy environments should be considered when both developing interventions and planning their implementation or transfer into practice.

4.3 Practice implications

Incorporating role-playing and structured tools for performance evaluation can help enhance pharmacist performance during training and predict service delivery in community practice. Together they could facilitate tailored feedback to help pharmacists struggling with the difficult task of extending cognitive service roles in practice.

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Table 1
Characteristics of Pharmacists Who Participated in the Tobacco Cessation Training Program

Characteristic	No. (%)
Sex	
Men	16 (64)
Women	9 (36)
Assisted patients in tobacco cessation prior to program	
Yes	11 (44)
Pharmacy work setting	
Community independent	8 (32)
Community chain	8 (32)
Managed care	9 (36)
Tobacco cessation services one year post-training	
Service implementation	8 (75)
Service provision	13 (54)

Table 2
Cronbach's alpha coefficients for the two SP scenarios

	Pre-Training alpha (cases)	Post-Training alpha (cases)	Combined alpha (cases)
Action	0.786 (25)	0.825 (25)	0.818 (50)
Preparation	0.762 (25)	0.828 (24)	0.825 (49)

Table 3
Maximum obtainable summed scores for the two scenarios and range of actual performance scores

Relevant Summed Score Categories	Action Max (range)	Preparation Max (range)
Ask	2 (0-2)	10 (0-10)
Assess	NA	2 (0-2)
Advise	2 (0-2)	6 (0-6)
Assist	30 (1-27)	38 (4-32)
Arrange	12 (0-12)	10 (0-10)
Outcome	18 (1-18)	18 (2-17)
Total possible weighted score	114 (range)	134 (range)

Table 4
Paired T-Test for Action Scenario Performance Measures (n=24)

Action Scenario Performance Measures	MEAN (S.D.)		Mean difference	p value
	Pre	Post		
Ask	0.50 (0.88)	0.79 (0.95)	0.29	0.258
Advise	0.83 (1.01)	1.33 (0.96)	0.50	0.056
Assess	NA			
Assist	8.00 (4.72)	11.33 (7.06)	3.33	0.025
Arrange	6.00 (4.27)	7.63 (3.29)	1.63	0.134
Sum 5A's	18.83 (11.20)	24.58 (10.01)	5.75	0.067
Outcome	7.33 (5.26)	9.88 (6.36)	2.55	0.056
Overall Score	55.88 (16.07)	66.04 (18.09)	10.16	0.020

Table 5
Paired T-Test for Preparation Scenario Performance Measures (n=24)

Preparation Scenario Performance Measures	MEAN (S.D.)		Mean difference	p value
	Pre	Post		
Ask	5.17 (3.11)	7.25 (2.53)	2.08	0.027
Advise	2.25 (1.77)	2.67 (1.87)	0.42	0.351
Assess	0.71 (0.86)	1.63 (0.77)	0.92	<0.001
Assist	13.13 (4.72)	18.17 (7.80)	5.04	0.006
Arrange	5.79 (1.54)	6.33 (2.38)	0.54	0.355
Sum of 5A's	27.04 (7.34)	36.04 (11.21)	9.00	0.002
Outcome	8.88 (4.30)	10.42 (4.47)	1.54	0.204
Overall Score	56.21 (11.92)	66.83 (15.19)	10.62	0.004

Table 6
Summary of Significant Performance Variable Mean Differences by Scenario for Service Providers (n=13) and Non-Providers (n=11)
***p<0.05, ** p<0.01**

Scenario Measure	ACTION		PREPARATION		Stressed in training
	Provider	Non-Provider	Provider	Non-Provider	
Ask			*		Yes
Advise					Yes
Assess	NA	NA	*	**	Yes
Assist	**			**	Yes
Arrange	*				Yes
Sum of 5A's	**		*	*	(Yes)
Outcome					
Overall Score	**			*	(Yes)