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THE UNIVERSITY OF HONG KONG

MBBS IV, Phase II, Block C

Evidence-Based Clinical Skills For The Treatment Of Tobacco Dependency (Smoking Cessation Skills)

Course Manual

2002-2003

Department of Community Medicine & Unit for Behavioural Sciences
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CONTENTS

Year 4, Phase II, Block C

Evidence-based Clinical Skills on the Treatment of Tobacco Dependency (Smoking Cessation Skills)

BACKGROUND

1. Introduction

Tobacco smoking remains the single most preventable cause of premature death. Reducing tobacco attributable disease requires preventing initiation of tobacco use to reduce the risk of becoming addicted, and treating tobacco dependent persons to help them quit smoking.

It is now well established that combinations of counselling and nicotine replacement or pharmacological blockage of nicotine induced dopamine release with Bupropion are cost-effective approaches to achieving smoking cessation. The median societal costs of smoking cessation treatments (US$300-1500 per life year gained) are about one twenty-fifth the costs of more than 300 other common medical treatments. *It has been shown that advice from a general practitioner is an effective intervention which can initiate successful attempts at quitting.*

The aim of this module is to help you acquire experience and skills of treatment of tobacco dependency in routine clinical practice. These skills are essential for all practitioners regardless of your preferred specialty in the future, because all practitioners will encounter smoking patients.

2. Learning objectives

After completion of this module students would be able to: -

- apply the general principles of treating nicotine addiction and tobacco dependence in helping patients to quit smoking

- demonstrate how to assess smoker's different stages of readiness to quit, their levels of nicotine addiction and measurements of expired air carbon monoxide

- understand 5 "A"s approaches to help smokers stop smoking and explain their use in routine medical practice

- synthesize evidence-based approaches to the treatment of tobacco dependency

3. Format

This module includes a briefing session with a problem-based learning (PBL) practical, a clinic visit, a practice session of counselling a smoker and a peer-sharing tutorial:-

(a) Briefing session (one hour)
The briefing session will be conducted in the form of a PBL practical. Students will be divided into 6 small groups (each round) for this PBL session each of which will be guided by a tutor. They will receive background materials to read one week before the briefing session. To encourage students to prepare for this session, PBL scenarios designed to use in the PBL session will also be given to them with the background materials.

(b) Visit to Smoking Cessation Health Centre (1 hour compulsory with 2 hours optional)
This visit will be arranged in the evenings (between 6-9 p.m.) of Monday, Wednesday and Friday. Students will be attached to a smoking cessation counsellor in the SCHC. You must take part in the assessment, counselling and treatment process for at least one patient. This process will take about 1 hour. Students are encouraged to stay for the whole session (till 9 p.m.) to participate in the treatment process of more than one patient.

Your specific tasks in this visit should include:-

- Observe the interviewing process in the assessment of patients' smoking status and nicotine dependence level (using the standard questionnaire and calculating scores from the Fagerstrom test).

- Observe the skills used by counsellors in asking, assessing and identifying individual patients' problem, and in the measurement of expired carbon monoxide levels.

- Observe the approaches used in the individual treatment plan (e.g. counselling, treatment modalities and arrangements for follow-up).

- Based on the above observation complete the Problem Oriented Action Plan (POAP).

- Sign the attendance list and complete the logbook with assessment signed by the counsellor.

(c) Practice of counselling of a smoker
After the SCHC visit students should identify a smoker in other clinical settings during Block C and practise the skills learnt to treat tobacco dependence. The standard questionnaire used in the SCHC should be used for recording information (called the "Record Sheet"). If the smoker is a smoking patient, consent should be sought from both the patient and the patient's doctor (see page 13). Two students

should always work together, one as *the practitioner* and the other as *peer assessor*. A standard POAP should be completed for each smoker. The *POAP, the counselling practice assessment form* and the completed *post-test questionnaire* should be submitted to the tutor during the peer sharing tutorial. If you decide not to attend the peer-sharing tutorial, please submit all these documents to your tutor through your other groupmates who will attend the peer-sharing tutorial. Alternatively you could submit these to the General Office (Department of Community Medicine, Room 501, Academic & Administration Block Attn: Miss Kristy Leung).

Review Session (one hour, optional)
In this tutorial students will share their experience and discuss any difficulties they encountered in the clinic attachment process and in their counselling of smokers. The POAP submitted would be discussed with the group and feedback will be provided immediately. Although this session is optional, all students are encouraged to attend this session.

4. Assessment

Student assessment will be based on the quality of the POAP submitted, performance in the logbook signed by the clinic counsellor and assessment by the group tutor (briefing PBL).

5. Evaluation

A pre- and post-module questionnaire and student feedback will be used to evaluate the effectiveness of the programme.

6. Dress code

All students should wear white coats during the visit to the clinic.

7. Venue of the clinic

Smoking Cessation Health Centre (SCHC)
Specialist Outpatient Department
Ruttonjee Hospital
266, Queen's Road East
Wanchai, Hong Kong.

8. Additional Clinic Sessions

Students interested to attend more clinic sessions (maximum of 3 sessions) should register at the SCHC after the end of their scheduled session. We will inform you about the arrangements within 1 week of your registration.

9. SCHC contact person

Ms. Anita Chan/Ms. Winnie Ho/Mr. George Lee (Tel: 2855 0787, 2819 9149)

10. Module coordinators

Dr. ASM Abdullah	Tel: 2819 9199	email: asma@hkucc.hku.hk	Room: AAB 510
Professor AJ Hedley	Tel: 2819 9282	email: commed@hkucc.hku.hk	Room: AAB 504
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SMOKING CESSATION SKILLS SCHEDULE

Rotation 1 (8.7.02 – 31.8.02)

Week	Date	Time	Group	Session	Teacher		Venue
3	22.7.02 (Mon)	1400-1500	13, 16 17-18	Briefing & PBL tutorial	13 16 17 18	ASMA THL SS DH	Rm1, 1/F, AAB Rm2, 1/F, AAB Rm4, 1/F, AAB Rm5, 1/F, AAB
	23.7.02 (Tue)	1400-1500	14, 15	Briefing & PBL tutorial	14 15	ASMA THL	Rm1, 1/F, AAB Rm2, 1/F, AAB
	24.7.02 (Wed)	1800-1900 1900-2100*	14	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
4	31.7.02 (Wed)	1800-1900 1900-2100*	13	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	2.8.02 (Fri)	1800-1900 1900-2100*	15	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
5	7.8.02 (Wed)	1800-1900 1900-2100*	18	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	9.8.02 (Fri)	1800-1900 1900-2100*	17	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
6	14.8.02 (Wed)	1800-1900 1900-2100*	16	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
8	28.8.02 (Wed)	1000-1100*	13, 14	Sharing tutorial	13, 14	ASMA	Rm4, 1/F, AAB
	29.8.02 (Thu)	1000-1100*	15, 16	Sharing tutorial	15, 16	ASMA	Rm1, 1/F, AAB
	30.8.02 (Fri)	1000-1100*	17, 18	Sharing tutorial	17, 18	SS	Rm1, 1/F, AAB

Rotation 2 (2.9.02 – 26.10.02)

Week	Date	Time	Group	Session	Teacher		Venue
11	16.9.02 (Mon)	1400-1500	7-12	Briefing & PBL tutorial	7 8 9 10 11 12	AJH SS ASMA DH JY SC	Rm17, 1/F, AAB Rm18, 1/F, AAB Rm19, 1/F, AAB Rm20, 1/F, AAB Rm21, 1/F, AAB Rm22, 1/F, AAB
	20.9.02 (Fri)	1800-1900 1900-2100*	11	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
13	4.10.02 (Fri)	1800-1900 1900-2100*	7	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
14	7.10.02 (Mon)	1800-1900 1900-2100*	8	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	9.10.02 (Wed)	1800-1900 1900-2100*	10	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	11.10.02 (Fri)	1800-1900 1900-2100*	9	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
15	16.10.02 (Wed)	1800-1900 1900-2100*	12	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
16	23.10.02 (Wed)	1000-1100*	9, 10	Sharing tutorial	9, 10	DH	Rm1, 1/F, AAB
	24.10.02 (Thu)	1000-1100*	7, 8	Sharing tutorial	7, 8	SC	Rm25, 1/F, AAB
	25.10.02 (Fri)	1000-1100*	11, 12	Sharing tutorial	11, 12	JY	Rm25, 1/F, AAB

Rotation 3 (28.10.02 – 21.12.02)

Week	Date	Time	Group	Session	Teacher		Venue
19	11.11.02 (Mon)	1400-1500	1-6	Briefing & PBL tutorial	1 2 3 4 5 6	AJH ASMA RF SS THL JY	Rm1, 1/F, AAB Rm2, 1/F, AAB Rm3, 1/F, AAB Rm4, 1/F, AAB Rm5, 1/F, AAB Rm6, 1/F, AAB
	15.11.02 (Fri)	1800-1900 1900-2100*	4	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
20	20.11.02 (Wed)	1800-1900 1900-2100*	5	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	22.11.02 (Fri)	1800-1900 1900-2100*	2	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
21	25.11.02 (Mon)	1800-1900 1900-2100*	1	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
	29.11.02 (Mon)	1800-1900 1900-2100*	6	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
22	6.12.02 (Fri)	1800-1900 1900-2100*	3	Smoking cessation clinic	ASMA/Counsellor on duty		Ruttonjee Hospital, SCHC
24	18.12.02 (Wed)	1000-1100*	1, 2	Sharing tutorial	1, 2	ASMA	Rm1, 1/F, AAB
	19.12.02 (Thu)	1000-1100*	3, 4	Sharing tutorial	3, 4	RF	Rm1, 1/F, AAB
	20.12.02 (Fri)	1000-1100*	5, 6	Sharing tutorial	5, 6	THL	Rm1, 1/F, AAB

* Optional sessions

AAB = 1/F Academic & Administration Block, Faculty of Medicine Building, 21 Sassoon Road, Pokfulam, HK
SCHC = Smoking Cessation Health Centre

AJH	Dr AJ Hedley
THL	Dr Prof TH Lam
ASMA	Dr ASM Abdullah
SS	Dr S Shetye
JY	Dr J Yanova
RF	Dr R Fielding
DH	Dr D Ho
SC	Dr S Chan

MBBS YEAR 4: SMOKING CESSATION SKILLS – Briefing PBL

[This session will be based on 2 scenarios, please try to identify learning objectives for each scenario before attending the PBL session]

Page 1

Mr. X is a 60 years old factory worker. He started smoking at age 15 and has smoked about 30 cigarettes per day for the last 45 years. He lives in an apartment with his wife, son, daughter-in-law and a grandson of 5 years old. None of his family members smoke cigarettes.

He has frequent cough and phlegm and consulted Dr. Lau. Dr. Lau suggested to him that he should quit smoking. Mr. X found it difficult to quit smoking without any help. He has heard about nicotine replacement therapy (NRT) and a new drug for quitting from a friend and requested Dr. Lau to prescribe him something to help him quit.

Dr. Lau was uncertain whether NRTs are useful. He also recalled an article in a medical journal which claimed that Bupropion is more effective than NRTs.

Learning objectives identified:

MBBS YEAR 4: SMOKING CESSATION SKILLS – Briefing PBL

Page 2

Ms. D is a 30 years old office secretary who is 3 months pregnant. She started smoking 10 years ago and smokes an average of 25 cigarettes per day. She describes smoking as fashionable and believes that smoking is helpful to keep herself slim. Her husband also smokes. During her antenatal check up, she was told by the doctor in the MCH to quit smoking. After knowing her failure in previous quitting attempts, the doctor suggested her to use NRTs. Ms. D bought a pack of nicotine patches from a nearby pharmacy but did not use it because she thought it may harm the foetus. She found it difficult to quit and continued smoking. She attended the MCH clinic for a routine check-up while you were on duty. She expressed her concern to you.

After appropriate counselling from you, she asked you about her 13 years old sister who was smoking about 10 cigarettes per day for the last 3 years. "Can I also ask my younger sister to use NRTs", she asked.

Learning objectives identified:

Smoking cessation guidelines for health professionals: an update

Thorax 2000;55:987-999

Robert West, Ann McNeill, Martin Raw

Abstract

This paper updates the evidence base and key recommendations of the Health Education Authority (HEA) smoking cessation guidelines for health professionals published in Thorax in 1998. The strategy for updating the evidence base makes use of updated Cochrane reviews supplemented by individual studies where appropriate. This update contains additional detail concerning the effectiveness of interventions as well as comments on issues relating to implementation. The recommendations include clarification of some important issues addressed only in general terms in the original guidelines. The conclusion that smoking cessation interventions delivered through the National Health Service are an extremely cost effective way of preserving life and reducing ill health remains unchanged. The strategy recommended by the guidelines involves: (1) GPs opportunistically advising smokers to stop during routine consultations, giving advice on and/or prescribing effective medications to help them and referring them to specialist cessation services; (2) specialist smokers' services providing behavioural support (in groups or individually) for smokers who want help with stopping and using effective medications wherever possible; (3) specialist cessation counsellors providing behavioural support for hospital patients and pregnant smokers who want help with stopping; (4) all health professionals involved in smoking cessation encouraging and assisting smokers in use of nicotine replacement therapies (NRT) or bupropion where appropriate. The key points of clarification of the previous guidelines include: (1) primary health care teams and hospitals should create and maintain readily accessible records on the current smoking status of patients; (2) GPs should aim to advise smokers to stop, and record having done so, at least once a year; (3) inpatient, outpatient, and pregnant smokers should be advised to stop as early as possible and the advice recorded in the notes in a readily accessible form; (4) there is currently little scientific basis for matching individual smokers to particular forms of NRT; (5) NHS specialist smokers' clinics should be the first point of referral for smokers wanting help beyond what can be provided through brief advice from the GP; (6) help from trained health care professionals specialising in smoking cessation such as practice nurses should be available for smokers who do not have access to specialist clinics; (7) the provision of specialist NHS smokers' clinics should be commensurate with demand; this is currently one or two full time clinics or their equivalent per average sized health authority, but demand may rise as publicity surrounding the services increases.

Keywords: smoking cessation; guidelines; nicotine replacement therapy; bupropion

[To read the full article, please check the Thorax website (www.thoraxjnl.com)]

Table 1 Incremental effects of smoking cessation interventions on abstinence for six months or longer

Intervention	*Target population*	*Effect size*[a]	*95% confidence interval*[b]
Brief opportunistic advice from a physician to stop	Smokers attending GP surgeries or outpatient clinics	2%	1% to 3%
Face to face intensive behavioural support from a specialist[c]	Moderate to heavy smokers seeking help with stopping	7%	3% to 10%
Face to face intensive behavioural support from a specialist	Pregnant smokers	7%	5% to 9%
Face to face intensive behavioural support from a specialist[d]	Smokers admitted to hospital	4%	0% to 8%
Proactive telephone counselling[e]	Smokers wanting help with stopping but not receiving face to face support	2%	1% to 4%
Written self-help materials	Smokers seeking help and not receiving other support	1%	0% to 2%
Nicotine gum	Moderate to heavy smokers receiving *limited* behavioural support[f]	5%	4% to 6%
Nicotine gum	Moderate to heavy smokers receiving *intensive* behavioural support	8%	6% to 10%
Nicotine transdermal patch	Moderate to heavy smokers receiving *limited* behavioural support	5%	4%-7%
Nicotine transdermal patch	Moderate to heavy smokers receiving *intensive* behavioural support	6%	5% to 8%
Nicotine nasal spray	Moderate to heavy smokers receiving *intensive* behavioural support	12%	7% to 17%
Nicotine inhalator	Moderate to heavy smokers receiving *intensive* behavioural support	8%	4% to 12%
Nicotine sublingual tablet	Moderate to heavy smokers receiving *intensive* behavioural support	8%	1% to 14%
Bupropion (300 mg/day sustained release)	Moderate to heavy smokers receiving *intensive* behavioural support	9%	5% to 14%
Intensive behavioural support plus NRT or bupropion[g]	Moderate to heavy smokers seeking help from a smokers' clinic	13-19%	

a Difference in >6 month abstinence rate between intervention and control/placebo in the studies reported; data from Cochrane meta-analyses unless otherwise stated.
b The range within which one can be 95% confident that the true underlying value lies.
c Efficacy figures based on subset of studies from general population with biochemical verification.
d No Cochrane review available, data from USDHHS meta-analysis.[6]
e No Cochrane review available, data from USDHHS meta-analysis.[6]
f The term "limited behavioural support" refers to brief sessions required primarily for collecting data. Following the Cochrane definition, "intensive" behavioural support was defined as an initial session of more than 30 minutes, or an initial session of less than 30 minutes plus more than two subsequent visits.
g Expected effect combining effect of medication with effect of behavioural support.

A Controlled Trial of Sustained-Release Bupropion, a Nicotine Patch, or Both for Smoking Cessation

N Engl J Med 1999;340:685-91

Douglas E. Jorenby, Scott J. Leischow, Mitchell A. Nides, Stephen I. Rennard, J. Andrew Johnston, Arlene R. Hughes, Stevens S. Smith, Myra L. Muramoto, David M. Daughton, Kimberli Doan, Michael C. Fiore, Timothy B. Baker

Abstract

Background and Methods Use of nicotine-replacement therapies and the antidepressant bupropion helps people stop smoking. We conducted a double-blind, placebo-controlled comparison of sustained-release bupropion (244 subjects), a nicotine patch (244 subjects), bupropion and a nicotine patch (245 subjects), and placebo (160 subjects) for smoking cessation. Smokers with clinical depression were excluded. Treatment consisted of nine weeks of bupropion (150 mg a day for the first three days, and then 150 mg twice daily) or placebo, as well as eight weeks of nicotine-patch therapy (21 mg per day during weeks 2 through 7, 14 mg per day during week 8, and 7 mg per day during week 9) or placebo. The target day for quitting smoking was usually day 8.

Results The abstinence rates at 12 months were 15.6 percent in the placebo group, as compared with 16.4 percent in the nicotine-patch group, 30.3 percent in the bupropion group ($P<0.001$), and 35.5 percent in the group given bupropion and the nicotine patch ($P<0.001$). By week 7, subjects in the placebo group had gained an average of 2.1 kg, as compared with a gain of 1.6 kg in the nicotine-patch group, a gain of 1.7 kg in the bupropion group, and a gain of 1.1 kg in the combined-treatment group ($P<0.05$). Weight gain at seven weeks was significantly less in the combined-treatment group than in the bupropion group and the placebo group ($P<0.05$ for both comparisons). A total of 311 subjects (34.8 percent) discontinued one or both medications. Seventy-nine subjects stopped treatment because of adverse events: 6 in the placebo group (3.8 percent), 16 in the nicotine-patch group (6.6 percent), 29 in the bupropion group (11.9 percent), and 28 in the combined-treatment group (11.4 percent). The most common adverse events were insomnia and headache.

Conclusions Treatment with sustained-release bupropion alone or in combination with a nicotine patch resulted in significantly higher long-term rates of smoking cessation than use of either the nicotine patch alone or placebo. Abstinence rates were higher with combination therapy than with bupropion alone, but the difference was not statistically significant.

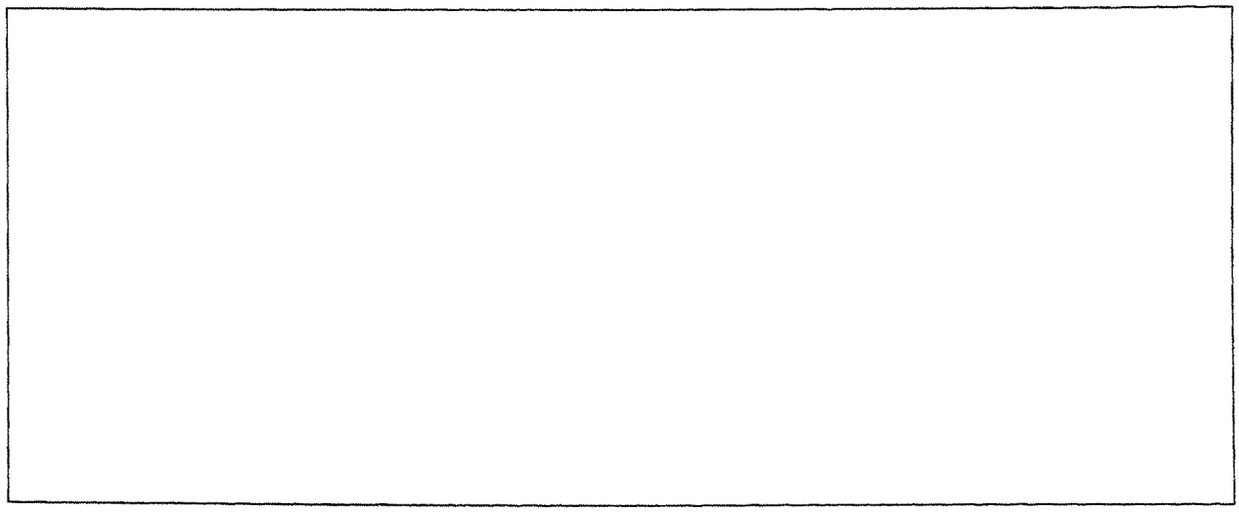

TABLE 2. PRIMARY EFFICACY OUTCOMES.*

OUTCOME	PLACEBO (N=160)	NICOTINE PATCH (N=244)	BUPROPION (N=244)	BUPROPION AND NICOTINE PATCH (N=245)
No. evaluated at 6 mo	86	159	178	195
Abstinence at 6 mo — % (no.)	18.8 (30)	21.3 (52)	34.8 (85)	38.8 (95)
Odds ratio (95% CI)	—	1.2 (0.7–1.9)	2.3 (1.4–3.7)	2.7 (1.7–4.4)
P value				
For the comparison with placebo	—	0.53	<0.001	<0.001
For the comparison with patch	—	—	0.001	<0.001
For the comparison with bupropion alone	—	—	—	0.37
No. evaluated at 12 mo	82	152	169	181
Abstinence at 12 mo — % (no.)	15.6 (25)	16.4 (40)	30.3 (74)	35.5 (87)
Odds ratio (95% CI)	—	1.1 (0.6–1.8)	2.3 (1.4–3.9)	3.0 (1.8–4.9)
P value				
For the comparison with placebo	—	0.84	<0.001	<0.001
For the comparison with patch	—	—	<0.001	<0.001
For the comparison with bupropion alone	—	—	—	0.22

*Point-prevalence rates of abstinence were based on biochemically confirmed (by an expired carbon monoxide concentration of ≤10 ppm) self-report of abstinence during the seven days preceding assessment of smoking status at a given time. The treatment period was nine weeks. Odds ratios were computed by logistic-regression analysis, which was used to determine pairwise differences in abstinence rates. Subjects who discontinued treatment or were lost to follow-up before a visit were classified as smokers for that visit. CI denotes confidence interval.

Fagerstrom Test for Nicotine Dependence

Question	Answer	Points
1. How soon after you wake up do you smoke your first cigarette?	☐ Within 5 mins	3
	☐ 6-30 mins	2
	☐ 31-60 mins	1
	☐ 60+ mins	0
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in shopping mall, MTR or lifts?	☐ Yes	1
	☐ No	0
3. Which cigarette would you hate most to give up?	☐ First in the morning	1
	☐ All others	0
4. Do you smoke more frequently during the first hours after waking than during the rest of the day?	☐ Yes	1
	☐ No	0
5. Do you smoke if you are so ill that you are in bed most of the day?	☐ Yes	1
	☐ No	0
6. How many cigarette per day do you smoke?	☐ 31 0r more	3
	☐ 21-30	2
	☐ 11-20	1
	☐ 10 or less	0

Note:
Total score may vary from 0 to 10.
Score 0-3: Low nicotine dependence
Score 4-5: Moderate nicotine dependence
Score 6-10: High nicotine dependence

Reference:
Heatherton TF, Kozlowski LT et al. The Fagerstrom Test for Nicotine Dependence a revision of Fagerstrom Tolerance Questionnaire. Brithish Journal of Addiction, 1991:86: 1119-1127.

IMPORTANT NOTE

For more information about smoking cessation interventions, please visit the website of Cochrane Tobacco Addiction Group at the following address:

http://www.cochrane.org/cochrane/revabstr/mainindex.htm

The Cochrane Library

The Cochrane Library is an electronic publication designed to supply high quality evidence to inform people providing and receiving care, and those responsible for research, teaching, funding and administration at all levels. This is named in honour of Sir Archie Cochrane, a British medical researcher who called for systematic, up-to-date reviews and randomised controlled trials in healthcare and contributed greatly to the development of epidemiology as a science.

The Abstracts of Cochrane Reviews are available without charge, and can be browsed or searched through the following website:-

http://www.cochrane.org/cochrane/revabstr/mainindex.htm

STUDENTS' COPY

[• This POAP should be completed at the SCHC
• Please keep this for your reference]

MBBS YEAR 4: SMOKING CESSATION SKILLS
Problem Oriented Action Plan (POAP)

Date of Consultation: _____

Practitioner/Counsellor: _____

1. Patient information:
   Ref. No: _____ Sex: _____ Age: _____ Hospital/ward: _____

2. Past medical history as numbered:
   1. _____ 3. _____
   2. _____ 4. _____

3. Problem List with dates:

No.	Problem	Date
1.		
2.		
3.		
4.		
5.		

4. History of allergies:
   _____

5. Patient is pregnant: ☐ Yes ☐ No ☐ NA

6. Tobacco use:
   - No. of cigarettes smoke per day: _____ cpd.
   - Started smoking regularly from the age of : _____ years.
   - No. of household members who smoke: _____
   - No. of previous quit-attempt(s): _____

7. Level of nicotine dependency:
   ☐ mild ☐ moderate ☐ severe ☐ none

8. Cessation stage:
   ☐ precontemplation ☐ contemplation ☐ preparation
   ☐ action ☐ maintenance

9. Consultation:
   - Quit date confirmed: _____
   - CO level: _____ ppm / not known
   - Action planned (e.g. counselling provided, treatment suggested)

     _____

     _____

     _____

   - Other comments:

     _____

10. Practitioner's signature: _____

To Be Submitted to the Tutor / Dept. of Community Medicine

- This POAP should be completed in relation to your practice of counsellor.
- You need to handover this to your tutor before or during peer-sharing tutorial.
- Students who will not attend the peer sharing tutorial should handover this to your tutor before the scheduled peer-sharing tutorial.

MBBS YEAR 4: SMOKING CESSATION SKILLS
Problem Oriented Action Plan (POAP)

Date of Consultation: _____

Practitioner/Counsellor: _____

1. Patient information:
   Ref. No: _____ Sex: _____ Age: _____ Hospital/ward: _____

2. Past medical history as numbered:
   1. _____
   2. _____

3. Problem List with dates:

No.	Problem	Date
1.		
2.		
3.		
4.		
5.		

4. History of allergies:
   _____

5. Patient is pregnant: ☐ Yes ☐ No ☐ NA

6. Tobacco use:
   - No. of cigarettes smoke per day: _____ cpd.
   - Started smoking regularly from the age of : _____ years.
   - No. of household members who smoke: _____
   - No. of previous quit-attempt(s): _____

7. Level of nicotine dependency:
   ☐ mild ☐ moderate ☐ severe ☐ none

8. Cessation stage:
   ☐ precontemplation ☐ contemplation ☐ preparation
   ☐ action ☐ maintenance

9. Consultation:
   - Quit date confirmed: _____
   - CO level: _____ ppm / not known
   - Action planned (e.g. counselling provided, treatment suggested)
     _____
     _____
   - Other comments:
     _____

Practitioner's signature: _____

To be Submitted to the Tutor / Dept. of Community Medicine

Name of student: _____ (practitioner)
_____ (peer assessor)

This form should be completed by each pair of students in relation to the "practice of counselling of a smoker"

MBBS YEAR 4: SMOKING CESSATION SKILLS
Counselling Practice Assessment Form

	Excellent	Good	Average	Need Improvement	Unsatisfactory
Self-assessment:					
1. How would you rate the assessment process that you have done for your smoking patient?	1	2	3	4	5
2. How would you rate the counselling process that you have provided to your patient?	1	2	3	4	5
3. How would you rate your skills in motivating patient to quit smoking?	1	2	3	4	5
4. Overall, how would you rate your knowledge and skills in relation to the treatment of tobacco dependency?	1	2	3	4	5

5. How confident are you that you will be able to provide smoking cessation counselling if you become a doctor?

   1. Very confident 2. Somewhat confident 3. A little confident 4. Not at all confident

	Excellent	Good	Average	Need Improvement	Unsatisfactory
Peer assessment:					
1. How would you rate the assessment process of the practitioner?	1	2	3	4	5
2. How would you rate the counselling process that the practitioner has provided to the patient?	1	2	3	4	5
3. How would you rate his/her skills in motivating patient to quit smoking?	1	2	3	4	5
4. Overall, how would you rate the practitioners' knowledge and skills in relation to the treatment of tobacco dependency?	1	2	3	4	5

5. How confident are you that the practitioner will be able to provide smoking cessation counselling if he/she become a doctor?

   1. Very confident 2. Somewhat confident 3. A little confident 4. Not at all confident

This consent form should be completed in relation to the "practice of counselling of a smoker"
[if the smoker is a patient at the hospital/clinic]

Written Consent Form

I _____ (Name of Subject) _____ (ID No.) of _____ _____ (Address)

hereby consent to participate in the ***"Smoking cessation counselling program"*** that will be provided to me by year 4 medical students of the University of Hong Kong. I understand that the purpose of this practice is to enhance students' clinical skills on smoking cessation counselling which will also benefit me to quitting smoking. I have been told that all the information provided by me in relation to this clinical practice would be kept *strictly confidential*. I have been given the opportunity to ask questions about this counselling program and they have been answered to my satisfaction, with no prejudice to the treatment I shall receive.

I consent to participate in this learning exercise of medical students and understand that I have the right to withdraw at any time.

_____ (Student practitioner's signature)
_____ (Student practitioner's name in block letters)

_____ (Patient's signature)
_____ (Patient's name in block letters)

_____ (witness's signature)
_____ (witness's name in block letters)

Date: _____

****

Written approval from the treating physician

I understand the purpose of this clinical skill exercise as described above and have no objection to allow my patient to participate (provided that the patient himself/herself agree to participate).

_____ (Physician's signature)
_____ (Physician's name)
_____ (Date)

To Be Submitted to Tutor / Dept. of Community Medicine

Smoking Cession Skills (post-test)
(Year 4 medical students)

[This questionnaire is developed to assess the extent of and need for tobacco control education among medical students. Please complete this *confidential* questionnaire as sincerely as possible.]

Please tick in the appropriate box

1. Your gender: ☐ male ☐ female

2. Please write down your age at your last birthday? ---------- years

	Strongly agree	Agree	Disagree	Strongly disagree	I don't know
3. My current knowledge is sufficient for helping patients to stop smoking.	☐	☐	☐	☐	☐
4. My current skills are sufficient for helping patients to stop smoking.	☐	☐	☐	☐	☐
5. There is strong and sufficient evidence to show that a doctor's brief advice is effective in improving the smokers' chance of stopping.	☐	☐	☐	☐	☐
6. There is strong and sufficient evidence to show that nicotine replacement therapy (patch, gum, etc) is effective in improving smokers' chance of stopping.	☐	☐	☐	☐	☐
7. There is strong and sufficient evidence to show that bupropion, rather than nicotine replacement therapy, should be offered first to smokers who want some pharmacological agent to help them stop smoking.	☐	☐	☐	☐	☐
8. Every doctor should provide counseling and/or treatment for tobacco dependency to all smoking patients.	☐	☐	☐	☐	☐
9. Most people will not give up smoking even if their doctor tells them to.	☐	☐	☐	☐	☐
10. Both nicotine replacement therapy and bupropion should be provided free of charge by the Department of Health and Hospital Authority.	☐	☐	☐	☐	☐
11. I will ask new patients about their smoking history.	☐	☐	☐	☐	☐
12. Even in a very busy situation, I will write the smoking status of all smoking patients in their medical records.	☐	☐	☐	☐	☐
13. At every contact with a patient, where it would be natural to do so, I will dissuade him/her from smoking.	☐	☐	☐	☐	☐

	Strongly agree	Agree	Disagree	Strongly disagree	I don't know
14. I will provide brief quit smoking advice/ counseling to every smoker who visit me.	☐	☐	☐	☐	☐
15. I know how to prescribe medication (nicotine replacement therapy or bupropion) to treat tobacco dependency.	☐	☐	☐	☐	☐
16. I can assess a smoker's different stages of readiness to quit.	☐	☐	☐	☐	☐
17. I can assess a smoker's level of nicotine addiction.	☐	☐	☐	☐	☐
18. I can help a smoker to quit even if the smoker thinks that it is difficult to give up.	☐	☐	☐	☐	☐

19. What do you think about the smoking cessation skills program?

(a) ☐ Content appropriate ☐ Content not appropriate ☐ Comments: _____

_____

(b) ☐ Format appropriate ☐ Format not appropriate ☐ Comments: _____

_____

(c) ☐ Visit to clinic useful ☐ Visit to clinic not useful ☐ Comments: _____

_____

(d) Total timetabled duration:

- ☐ Duration of 2 hours is appropriate
- ☐ More time should be allocated
- ☐ Time should be reduced
- ☐ Comments: _____

20. What did you like the <u>most</u> in this program?

_____

_____

_____

21. What did you like the <u>least</u> in this program?

_____

_____

_____

22. Any suggestions for further improvements?

_____

_____

_____