

Developing a European-wide smoking cessation e-learning tool for healthcare professionals

Authors, Ross M Keat¹, Marcio Freitas², Luis Monteiro³, Jean-Cristophe Fricain⁴, Giovanni Lodi⁵, Rui Albuquerque¹

¹Birmingham Dental Hospital/ School of Dentistry, **UK**.

²Universidade de Santiago de Compostela , **Spain**.

³Universitário de Ciências da Saúde, **Portugal**.

⁴Université de Bordeaux, **France**.

⁵Universita di Milano, **Italy**.



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INTRODUCTION

- Smoking is one of the leading preventable causes of premature death and preventable disease.
- In Europe, 29% of individuals over 15 years of age identify as smokers.
- Some countries within Europe have alarmingly high rates of tobacco use; 40% of Greek adults smoke regularly.
- Smoking and chewing tobacco are directly related to 650,000 mortalities each year in Europe, roughly 14% of all deaths.

AIMS

- We aim to provide an e-learning tool, promoting smoking cession advice, accessible to EU healthcare professionals
- The resource will be translated into 8 languages.
- Increase the skillset of users and provide an online certificate for those that complete an online assessment.
- Reduce healthcare cost and increase length and quality of life for EU residents.

WHY AN ONLINE RESOURCE?

- Modern education faces challenges through rapidly advancing knowledge base & methods of distribution.
- Development of equivalent ‘new knowledge’ was 50 years in 1950.
 - This reduced to 3.5 years in 2010,*
 - Is projected to be 73 days in 2030.*¹
- Small financial outlay leading to a comparatively large economic benefit.
- Material is an ‘open educational resource’ (OER), maximising access.²
- Increasing acceptance of, engagement in and success with online learning.³
- Modern learners in healthcare would rather utilise an online resource than a textbook.⁴
- Evidence to suggest that educational outcomes are improved when utilising an interactive resource.
- A website is cheap and comparatively easy to update.

METHOD

To increase knowledge of the resource:

- Development of smoking cessation document with current policy for every country.
- Dissemination of e-learning tool at conferences via poster and oral presentations.
- Publication of peer-reviewed documents in widely accessed journals. Topics include:
 - Smoking cessation for dental and healthcare practitioners.*
 - An evaluation of smoking cessation advice currently available online.*
 - A meta-analysis of current meta-analyses on effectiveness of smoking cessation modalities*
- A one day presentation in each partner country for undergraduates, postgraduates, dental and healthcare academics.
- Provision of resource to Universities.

IMPLEMENTATION

- Phase 1** - A consensus document will be formulated regarding smoking and effectiveness of smoking cessation modalities.
- Phase 2** - The document will be circulated to external experts for evaluation.
- Phase 3** - ‘Soft launch,’ of website, alongside feedback from healthcare practitioners (n=25) on (a) content (b) appropriateness (c) user friendliness (d) navigation (e) time spent. Revision of website.
- Phase 4** - Website content appraised by external expert. Activation of social media accounts.
- Phase 5** – Dissemination and assessment of outcomes.

OUTPUT EXAMPLES

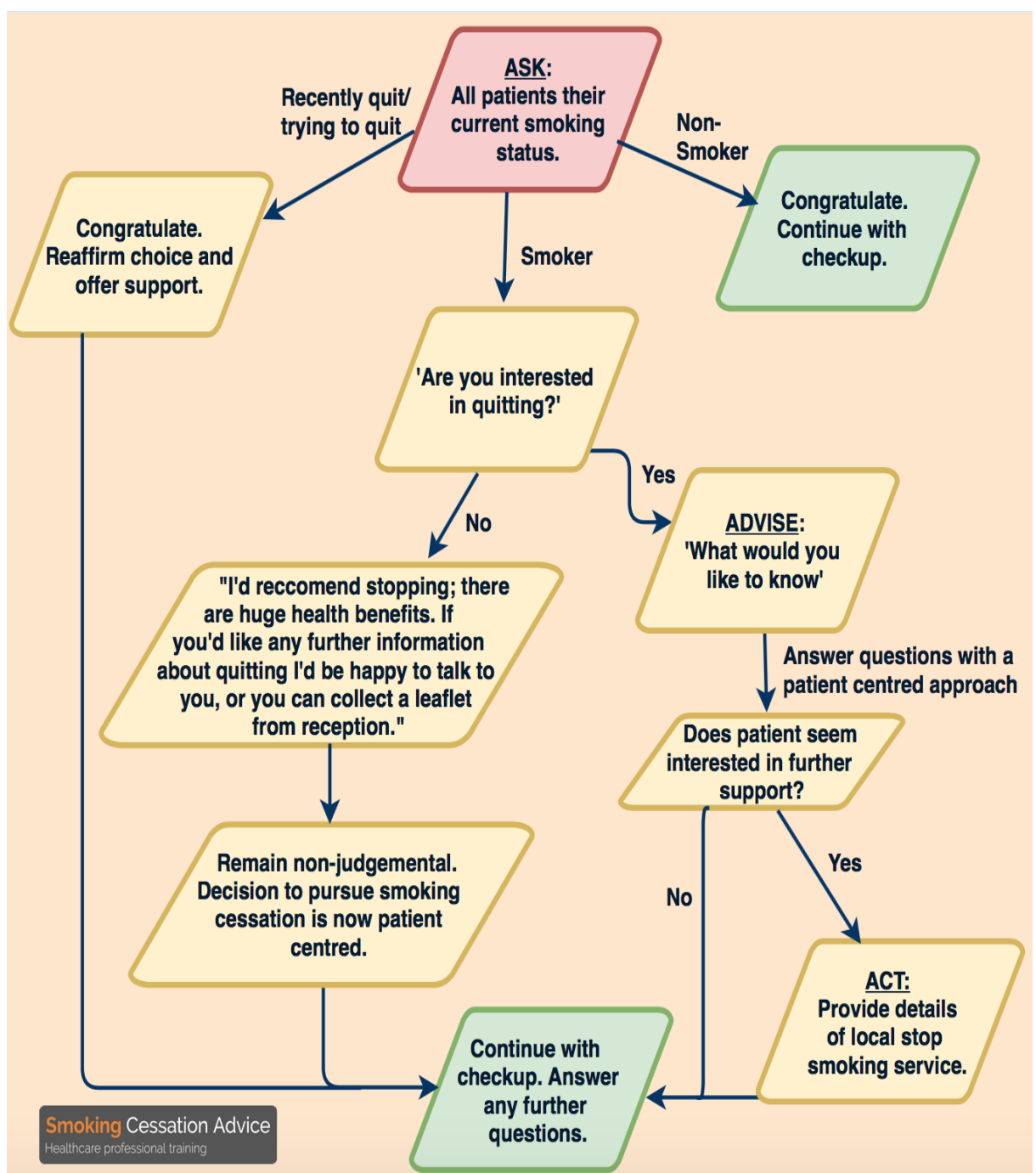


Fig. 1
A proposed flow chart based on the 3A's (Ask, Advise, Act), demonstrating how practitioners can discuss cessation with smokers.

Dependence Level	NRT Dosage	Combination Therapy
High	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6-12 cartridges/day Lozenge: 4mg every 1-2 hours, sucked.* Gum: 4mg every 1-2 hours. Should be chewed then 'parked,' in cheek.*	Patches: 21mg/24hr or 15mg/16hr AND Lozenge/Gum: 2mg every 1-2 hours**
Moderate	Patches: 21mg/24hr or 15mg/16hr Inhaler: 6-12 cartridges/day Lozenge: 4mg every 1-2 hours, sucked.* Gum: 4mg every 1-2 hours. Should be chewed then 'parked,' in cheek.*	Patches: 21mg/24hr or 15mg/16hr AND Lozenge/Gum: 2mg every 1-2 hours*
Low to moderate	Patches: 14mg/24hr or 10mg/16hr Inhaler: 6-12 cartridges/day Lozenge: 2mg every 1-2 hours, sucked.* Gum: 2mg every 1-2 hours. Should be chewed then 'parked,' in cheek.*	Patches: 14mg/24hr or 10mg/16hr AND Lozenge/Gum: 2mg every 4-6 hours*
Low	May not require NRT, but if withdrawal symptoms present: Patches: 7mg/24hr or 5mg/16hr Lozenge: 2mg every 4-6 hours.* Gum: 2mg every 4-6 hours. Should be chewed then 'parked,' in cheek.*	

Fig. 2
A chart to show suggested dosages of nicotine replacement therapies depending on dependence. Adapted from Government of Western Australia Department of Health Guidance.⁵

Stage of Change	Patient's View	Interventions to move to next stage of change.	Multidisciplinary team involvement
Pre-Contemplation	No intention of quitting	'Consciousness Raising' 'Dramatic Relief' 'Environmental Re-evaluation'	If patient wants to discuss media campaigns. If patient wants to discuss media campaigns, or is amenable to receiving a stop smoking leaflet. May damage dentist-patient relationship.
Contemplation	Intending to quit in next 6 months	'Self-re-evaluation'	If patient wants to discuss reduction of oral and general health risks following cessation.
Preparation	Intending to quit in 30 days.	'Self-liberation'	Encouragement and reassurance of patient's decision and health benefits.
Action	Has quit in last 6 months	'Contingency Management' 'Helping relationships' 'Counter-conditioning' 'Stimulus-control'	Suggest self-reward for patient quitting ('treating' themselves), and offer open praise for decision. Offer support or reassurance based on patient's questions regarding smoking cessation. Difficult to engage with, but can recommend referral if patient enquires. Difficult to engage with, but dentists can keep any treatment stress-free, avoiding creation of possible prompts associated with smoking.
Maintenance	Has quit for over 6 months	N/A	Congratulate and re-affirm decision.
Relapse	Has started smoking following a quit attempt	Identify where patient's location on 'stages of change,' model.	Remain non-judgemental. Reassure of normality of this – smokers can relapse 30+ times during cessation attempts! Engage in cessation attempts when patient is ready.

Fig. 3
The 5 stages of change, with techniques for healthcare providers to interact with patients who smoke.



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PREDICTED OUTCOMES

- Educational Impact – Implementable smoking cessation advice for 8 different EU countries.
- Economic Impact – A potential for reduced healthcare cost and economic gain through reduced loss of working hours.
- EU Interrelation Impact - Consolidate and establish new partnerships for future research alongside sharing opinions and education strategy.
- Health Impact - Quitting at 25 to 34, 35 to 44, or 45 to 54 years of age gained around 10, 9, and 6 years of life respectively, compared with smokers.⁶
- These outcomes will be assessed in three ways:
 - By the external evaluators of the project.
 - From feedback in Phase 3 from healthcare practitioners regarding the website content.
 - Survey following Phase 5 to ascertain if there has been any change in practice after using our online resource.

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CONTACT INFORMATION

Ross Keat – Birmingham Dental Hospital & University of Birmingham

rosskeat@me.com

Website: <http://smokingcessationtraining.com/en/home/>