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Targeting specific population groups: The Medical Community

Frank Doyle

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE



Acknowledgements

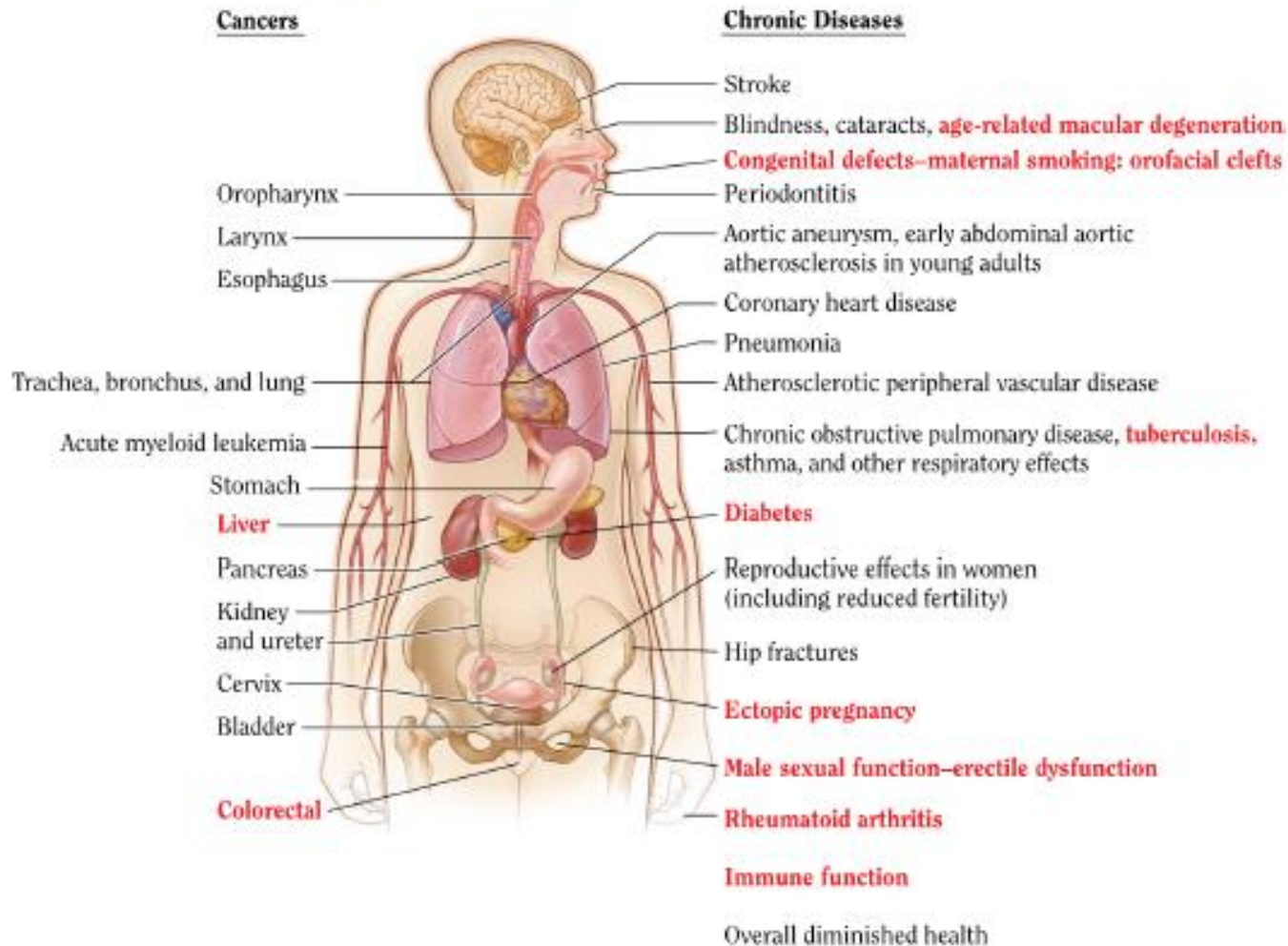
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Smoking & health

Surgeon General's Report

Figure 1A The health consequences causally linked to smoking



- Efficacy for smoking cessation far outweighs most other interventions

- Is it possible to provide quality, appropriate care without providing (brief) smoking cessation counselling?

Source: USDHHS 2004, 2006, 2012.

Note: The condition in red is a new disease that has been causally linked to smoking in this report.

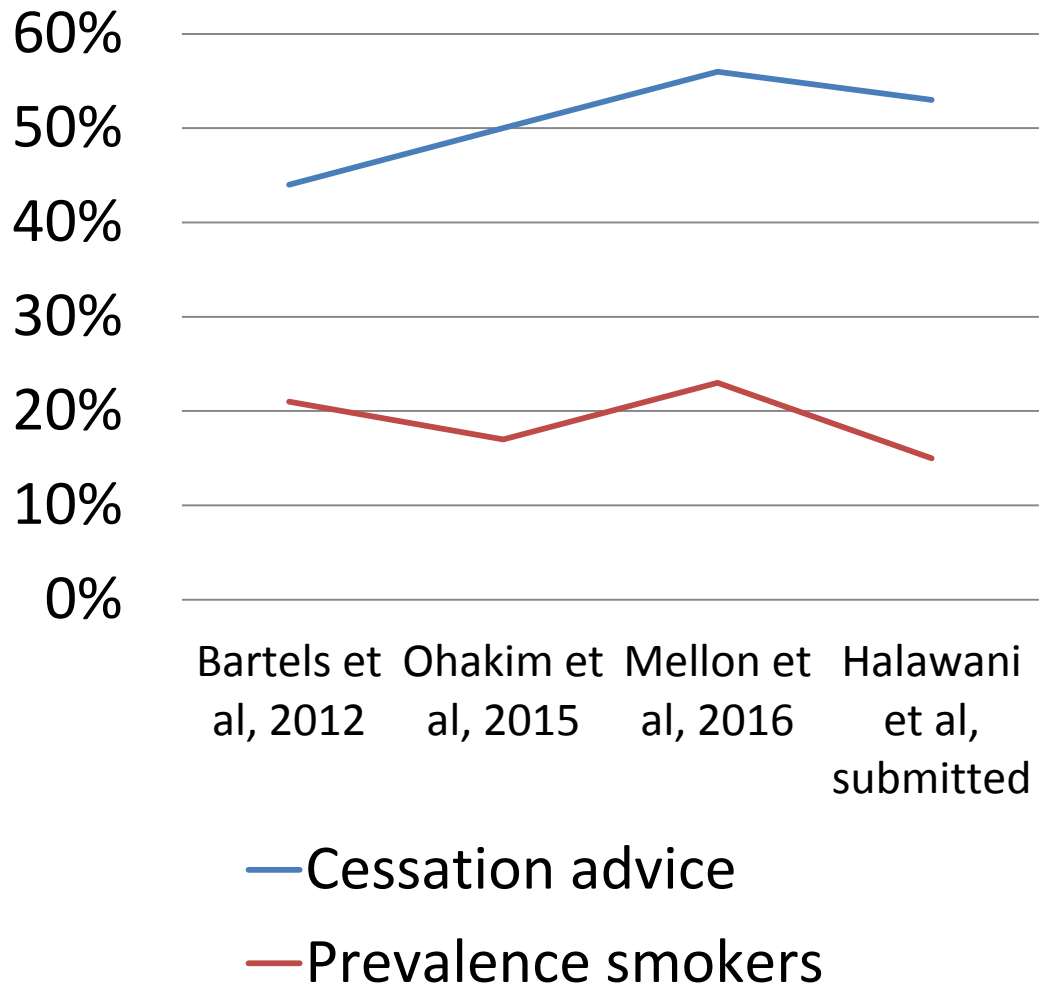


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Current care?

- Documented care is lower (~2%)
- Average low nicotine dependence levels
- Most want to quit, but low rates of NRT use (~5%)
- Receiving cessation advice associated with quitting at 3-months
- Poorer care in other settings (e.g. psychiatric)

Prevalence of smoking and cessation advice received (one hospital)



Why not?

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Systematic Review of Clinician-Reported Barriers to Provision of Smoking Cessation Interventions in Hospital Inpatient Settings

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Perceived barriers: Capability

Perceived barriers	Number (%) of studies citing barrier
Lack of knowledge about tobacco's effects on health	10 (56%)
Need for additional training	7 (39%)
Lack of skills (e.g. communication)	5 (28%)
Absence of smoke-free hospital campus	2 (11%)



Perceived barriers: Opportunity

Perceived barriers	No. studies citing barrier
Lack of time	14 (78%)
Lack of support	8 (44%)
Lack of resources	6 (33%)
Absence of mandate to intervene	3 (17%)
Heavy or overwhelming workload	3 (17%)



Perceived barriers: Motivation 1

Perceived barriers	No. studies citing barrier
Lack of patient motivation	8 (44%)
Lack of confidence	7 (39%)
Personal discomfort (e.g. don't want to upset patients or doctor-patient relationship)	6 (33%)
Cessation intervention not viewed as a priority	5 (28%)
Lack of healthcare worker interest or motivation	4 (22%)
Healthcare worker sceptical of interventions' effectiveness	4 (22%)



Perceived barriers: Motivation 2

Perceived barriers	No. studies citing barrier
Lack of incentive (e.g. recognition/reward)	4 (22%)
Physician smoking history	3 (17%)
Negative past intervention experience	3 (17%)
Social pressure	1 (6%)
Smoking viewed as coping mechanism for patients	1 (6%)



What to do?

- Obvious need to
 - Change attitudes and improve skills
 - Change systems?
 - Refocus care?
- Previous research suggests that increased teaching in undergraduate curricula, without practical experience, is ineffective (Ockene et al, 2015; Stolz et al, 2012)



What next?

- Train student HCPs in smoking cessation
 - in collaboration with HSE HPO Tobacco Control
 - practice **with real patients**

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BMC Medical Education

RESEARCH ARTICLE

Open Access



Medical student INtervention to promote effective nicotine dependence and tobacco HEalthcare (MIND-THE-GAP): single-centre feasibility randomised trial results

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Methodology

- Graduate Entry Medicine class were trained in HSE national standard Brief Intervention for Smoking Cessation (BISC)
 - 1 day; 5As approach: theory and practice motivational interviewing
 - 61 students
- 67 Smokers recruited to RCT
 - 3- and 6-month telephone follow-up
- Qualitative feedback from students

MIND-THE-GAP main results

- Those who received student cessation counselling had (repeated measures analysis):
 - Higher motivation to quit ($\beta = .57$, 95% CI $-.03$ to 1.18 , $p=0.064$)
 - Higher quit rates (OR=7.2, 95% CI 1.10 to 47.3, $p=.040$)
 - Higher quit attempts (OR=2.1, 95% CI 0.89 to 5.0, $p=.089$)
 - No difference in use of cessation medications or receipt of professional quit advice

Perceived student efficacy: patients

- How knowledgeable was the medical student about quitting smoking?
 - not at all; a little bit; somewhat; quite a bit; very
 - **Patients rated students as being “very” knowledgeable about quitting**
- How helpful was the support that you received from the medical student?”
 - not at all; a little bit; somewhat; quite a bit; very much
 - **Patients rated students as being “somewhat” helpful**

Qualitative results: students

- Students were:
 - glad to deliver the intervention
 - “I don’t know about you guys, a lot of the time we are just furniture.”
 - were critical of current cessation care;
 - felt constrained by their inability to prescribe cessation medications
 - and wanted to include cessation and other behavioural counselling in their normal history taking
-

Since then?

- Collaboration with HSE BISC trainers
- Over 700 medical students trained in BISC...



Conclusions

- Smoking cessation care not prioritised
- Student-delivered care a potential solution to (eventual) provision of better cessation care?
 - Targets commonly-reported barriers
 - Patients and students reported positive attitudes
 - Good patient outcomes
 - Hopefully will lead to attitude change over time

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