

## **Tobacco Dependence Adviser Training Course: Acute inpatient**

# **Trainer's guide**

## **Module 15: Follow-up scenarios**

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## Follow-up scenarios

### Purpose:

- To review the skills associated with the follow-up session.
- To practice skills associated with effective follow-up support in various patient scenarios.

**Duration:** 50 minutes

### Process:

- Presentation
- Group discussion
- Small group work
- Skills practice

### Resources:

- PowerPoint presentation
- Breakout rooms
- Module 15 Handout 1: Follow-up checklist and patient case study
- Appendix 1: Follow-up scenarios – trainer response guide

### Instruction:

- See notes in presentation slides

# 1

## Activity: Follow-up support skills practice

### Activity No: 1

**Resources:** Breakout rooms, Module 15 Handout 1: Follow-up checklist and patient case study

**Breakout room numbers and duration:** groups of 3; 10 minutes

**Duration:** 15 minutes

#### Method:

- Explain that you will be dividing participants into groups of 3 and that each person will play either the patient, TDA or observer.
  - **TDA:** the TDA's role involves conducting a pre-quit assessment session. Participants should use the clinical checklist and practise communication skills. They can consult with the observer if they need any help during the session.
  - **Patient:** play a typical patient at initial TDA session using the patient profiles in Handout 3 giving information only when asked, keeping in character and supplementing information, without making the consultation too difficult
  - **Observer:** use checklist and verify that all points were covered by TDA. Provide feedback to TDA at end of session and offer assistance when it's needed.
- Introduce Carole's profile and details for follow-up consultation (See slide).
- Explain that participants will have **10 minutes to carry out the skills practice** before coming back to the main room. Ask participants to be prepared with at least one thing that went well and at least one thing that was more challenging or that they feel they need more practice with.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**
- Debrief:
  - Ask for general feedback, comments or questions participants have regarding the pre-quit session.
  - Were there any areas that you found challenging? Summarise what you have observed.
  - Highlight the examples of good skill implementation that you have seen.
  - Mention any weaknesses that were common.

## Patient Case Study 1: Melina, age 38

<b>Reason for admission</b>	Planned surgery (gynaecology). You are seeing her two days post-op. Expect stay is 24-48 hours (bed rest). She is in some discomfort.
<b>History</b>	Married, mother of two. Hospitalisation planned but difficult to be away from home and work.
<b>Tobacco use</b>	15 cigarettes/day for 22 years. Smokes after 30 minutes of waking.
<b>Treatment plan</b>	<p>Not interested in stopping at this time but agreed to support in hospital.</p> <p>Cravings: moderate.</p> <p>Withdrawal symptoms: poor mood, headache, anxious.</p> <p>NRT: patch and spray.</p>
<b>Follow-up</b>	<p>Managing better with cravings but has throat burn and skin irritation. Has stopped patch as a result today.</p> <p>CO: 0ppm.</p> <p>Remains unable to commit to stopping but indicates she will really commit to doing so in near future.</p>

### Additional notes to set-up follow-up scenario:

Melina looks unsettled when you see her on the ward. She is in some pain and has asked the nurse for some painkillers. She is anxious and wants to go home but has not been told by the medical team if she can go home today.

She has been prescribed combo NRT patch and mouth spray. And she let you us know that she is having a really difficult time coping with urges to smoke. She does not want to talk about smoking and keeps saying that she just wants to go home and see her children.

## Discussion questions

### What pieces of information might be useful to learn about?

- Assess severity and frequency of cravings?
- When are the cravings/urges to smoke occurring? Where is she?
- Is she exposed to smoking triggers that account in part for the urges?
- Is Melina using her medication?
- What does strategies is she using to cope when she experiences these strong urges to smoke?

### How would we respond?

- Review strategies for addressing urges to smoke (Delay, Distract, Avoid, Deep Breaths), use medication
- If urges to smoke are linked to triggers, discuss plan for reducing or avoiding these triggers (e.g. other people who smoke, boredom)
- Review use of medication to assist, reinforcing need to use faster acting products regular (ion the hour every hour, and increase as needed to assist with urges to smoke)
- Discuss Melina's plan going forward

### TDA actions to guide case discussion:

- You listen to Melina and if appropriate reflect back to her what you have heard. Show empathy that you understand that she is feeling anxious. You acknowledge to yourself that she does not want to talk about smoking with you at that moment, the immediate situation is her overriding concern.
- Discuss use of medication and strategies for addressing withdrawal symptoms and urges to smoke so she has a plan for staying comfortable while in hospital.
- What do you do next? Speak to the nursing/medical team to see if there is a discharge plan in place and if there has been any change in change in her treatment plan.
- You speak to the nurse briefly who explains that Melina has been very anxious overnight and has not slept. She is awaiting a review from the mental health team before they can discharge her. Melina has accessed local mental health services in the past for anxiety and depression.
- You speak with Melina, she replies that she feels ok about not smoking whilst in hospital but is worried that she will go back to her 'old ways' and smoke to help manage her mood when she is back home.
- What do you suggest? You explain that she will be receive a follow up call post discharge from the hospital tobacco dependence team that you are part of. She can talk to the team member and discuss possible support. She is worried that her mental health issues can be difficult to manage at times and she has not been successful in her past quit attempts. You ask about possibly using NRT now and having a supply to take home.
- You acknowledge that she has found it difficult in the past but encourage her to speak to your colleague in the follow up phone call where they discuss the support available and what is best for her. You mention that colleagues have successfully supported people with varying health issues, mental and physical. You ask if she would like some NRT arranged and inform her of when she can expect a follow up call (checking her contact details are correct).

## Patient case study 2: Gregory, age: 48

<b>Reason for admission</b>	Breathing difficulties; uncontrolled asthma. Emergency overnight admission.  This is his third admission for same.  You are seeing him on day two.
<b>History</b>	Married, wife also smokes. Routine/manual occupation.
<b>Tobacco use</b>	20 cigarettes/day for 33 years.  Wakes at night to smoke and first thing.
<b>Treatment plan</b>	21mg patch and gum.  Goal: cessation.
<b>Follow-up</b>	Using NRT patch, but not gum. Does not care for gum.  CO: 2 ppm.  Continues to experience significant cravings, concerned about coping in days ahead and once he goes home.

### Additional notes to set-up follow-up scenario:

He is experiencing significant cravings and concerned about coping in the days ahead once he goes home.

### Discussion questions:

- How would you address his cravings?
- Gregory mentioned not liking the NRT how might you address that?
- What advice might you give about the importance of stopping?
- What support should be provided around the difficulty he has first thing in the morning?

### TDA actions:

- Discuss strategies for first thing in the morning when Gregory would typically smoke and finds it difficult. Ask Gregory about what he might do instead while in hospital but also when he returns home.
- Spend some time preparing for return home including actions to take, how to change routines, planning around high risk situations in first few days/week, engaging with follow-up support.

## Patient case study 3: John, age: 67

<b>Admission</b>	Double cardiac bypass. Had previous angioplasty. Day three of hospitalisation.
<b>History</b>	Lives alone in social housing. Retired.
<b>Barriers</b>	Had thought he'd be best to stop smoking after surgery.
<b>Tobacco use</b>	<p>50 cigarettes/day for 52 years. HSI = 6.</p> <p>Wakes in evenings to smoke. Smokes within five minutes of waking.</p> <p>Has tried to quit many times. Believes it's down to will power and so has not used support.</p>
<b>Treatment Plan</b>	Patch and mouth inhalator
<b>Follow-up</b>	<p>Has used the patch but not mouth spray.</p> <p>Strong desire to smoke, frustrated can't get outside.</p> <p>CO: 0 ppm</p> <p>States he wants to stop and will do so when he gets home (but without requesting your support in a meaningful way).</p>

### Additional notes to set-up follow-up scenario:

John is very quiet and subdued when you meet with him. On review John says that the only reason he has not smoked is because he is unable to get out of bed and go outside on his own to smoke. He is frustrated that the nurses are declining to take him outside to smoke. He does not have any visitors but seems to have struck up a relationship with a patient in the bed next to him. He seems ambivalent about using NRT saying that he is not able to think about stopping right now, he has patch on, but reports not using inhalator, and is dismissive of its value. States he wants to stop and will do so when he gets home (but without requesting your support in a meaningful way).

### Optional discussion questions:

- What do you want to know about John?
- What are some considerations for John?
- How would you work with John as part of this follow-up appointment?
- John is using patch and inhalator. What do you want to learn? Any adjustments to medications?
  - Is he using, using properly, appropriate frequency?
- Outside of adjusting medications what behavioural strategies and support can we offer John?



- What's happening when he is getting these urges?
- What strategies beyond medication could he employ?
- What type of preparation can be done for his discharge
- Review plan for preparing for discharge, options for follow-up support
- Importance of follow-up support
- Tips for when he returns home
- Some things to plan ahead (routines, triggers, and strategies)

#### **TDA actions:**

- Acknowledging John's frustration
- Focusing on his achievement so far (CO=0) means he is smokefree
- Check if John has the patch on, ask nurse to help if necessary. Check if the inhalator is to hand and not locked away in a medicine cabinet or other.
- Ask John how he is feeling. Assess level of cravings. Has the level changed since your initial review?
- John has a nicotine patch on his back and the inhalator is found locked away in the medicine cabinet by his bed.
- Explain to John that he has a patch on and that it is working – giving him a clean dose of nicotine. Relate this to his current level of cravings, is it helping, does he need to increase his nicotine intake?
- Boost confidence and explain how the NRT is working.
- Show John how to use the inhalator, explain that it can help him to increase the level of nicotine in his body and further help manage his cravings. Encourage him to try the product, explain that he can use it on the ward. Assess if the hand to mouth action of the inhalator is satisfying and/or a good substitute for a cigarette. How does he feel about using the product?
- Add second patch given heaviness of John's smoking and ongoing urges to smoke and withdrawal. Addition of a nicotine analogue medication should be considered and discussed with care team.
- Has John had any thoughts about smoking? If appropriate talk about how he is managing in hospital and any routines he has. Talk about discharge and follow up. Identify any potential barriers and facilitators. Inform John of routine follow up procedure. Note that there is a high rate of relapse for this group of smokers.

