

Tobacco Dependence Adviser Training Course: Acute inpatient

Trainer's guide

Module 16: Discharge planning

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Discharge planning

Purpose:

- To review the skills associated with discharge planning.
- To practice techniques used to engage patient in developing a plan for coping with personal triggers.

Duration: 1 hour

Process:

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

Resources:

- PowerPoint presentation
- Breakout rooms
- Module 16 Handout 1: Strategies worksheet
- Module 16 Handout 2: Discharge planning checklist and patient case study

Instruction:

- See notes in presentation slides

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Activity: Risk identification and problem solving

Activity No: 1

Resources: Breakout rooms, Module 16 Handout 1: Strategies worksheet

Breakout room numbers and duration: 5 participants per group; 10 minutes

Duration: 15-20 minutes

Method:

- Explain to participants that they are going to split into **groups of 5** and they will have **10 minutes** for this activity.
- Ask participants to consider each of the below areas in relation to the post quit sessions and note their responses on Handout 1.
 1. **Lapse/relapse risk situations:** Ask participants to come up with as many lapse risk situations, feelings, and thoughts they can think of
 2. **Problem solving:** Ask participants to identify problem solving and solution seeking questions.
 3. **Providing a menu of options:** Highlight to participants that they may also have ideas to add to the patients strategies. Ask participants, if as an adviser you were to provide a menu of options what would they be? Build a list of solutions in the third section of the handout.
- Bring participants back after **10 minutes** and debrief the activity using the notes below where required.
- **Risk situations:**
 - Occasions: weddings, funerals, holidays
 - Strong feelings: sad, happy, anxious, angry, bored, feeling under stress.
 - Thoughts: *“I deserve a reward”, “I’ll just have one”, “I want to test myself”*
 - Partner/family/friends who smoke.
 - Cue situations: with coffee, alcohol, after dinner, smelling smoke, needing a break, seeing smoking associated items like cigarettes, lighter, ash tray.
- **Problem solving** (eliciting patient views and boosting self-efficacy):
 - What situations can you foresee that may be difficult in the coming week.
 - What things do you think would help to handle that situation or feeling without smoking? (This can act like a brainstorm for the

patient, with them coming up with as many different things they can think of and picking the top 2-3)

- When you have tried to quit in the past, what times were most difficult, led you back to smoking? What would you do differently this time?
- Hypothetical questions and If then plans e.g. so if this happened, what could you do?
- What strategies have helped when you have gone through difficult times before?

- **Menu of options:**

- Use stop smoking medication (enough for long enough)
- Avoid (or minimise) tempting situations.
- Avoid alcohol initially until feeling confident as a non-smoker.
- Changing routines e.g. get up later, straight to shower.
- Changing associations e.g. different hot drink in the morning
- Distraction e.g. physical activity
- Practice declining cigarettes: “no thanks, I don’t smoke”.
- Asking household members/friends not to offer cigarettes and keep them out of sight.
- Consider how far they have come, imagine telling people you have started again.
- Remind yourself, write down, the reasons why you are stopping.
- Stress management techniques (yogic breathing).
- Agree a three-step strategy (agree what works for the patient)
 1. Use your stop smoking medication.
 2. Speak to someone who is supportive of you stopping.
 3. Call me or the smokefree helpline.
- Look after yourself: try to avoid getting too tired, bored, hungry or angry.

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Activity: Discharge planning skills practice

Activity No: 2

Resources: Breakout rooms, Module 16 Handout 2: Discharge planning checklist and patient case study

Breakout room numbers and duration: 3 participants per group; 10 minutes

Duration: 12-15 minutes (10 minute breakout; 2-5 minute debrief)

Method:

- Explain that you will be dividing participants into groups of three. In your groups agree to who will be the TDA, patient or observer.
 - **TDA:** the TDA's role involves conducting follow-up assessment. Participants should use the clinical checklist and practise communication skills.
 - **Patient:** play a typical patient at initial TDA session using the patient profile in Handout 5, 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.
- Use the slide to introduce **John's profile** and information and details for discharge planning.
- Explain that participants will have **10 minutes** to carry out the skills practice. 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 more practice is required).
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**
- The group will return after **10 minutes** to debrief:
 - Summarise what you have observed.
 - Highlight the examples of good skill implementation that you have seen.
 - Mention any weaknesses that were common.