

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

# **Trainer's guide**

## **Module 20: FAQs: patient scenarios**

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## FAQs: patient scenarios

### Purpose:

- To summarise key course learning outcomes through responding to patient scenarios.

**Duration:** 30 minutes

### Process:

- Presentation
- Responding to patient scenarios in two groups

### Resources:

- PowerPoint presentation
- Breakout rooms
- Appendix 1: Patient statements – trainer response guide

### Instruction:

- See notes in presentation slides

## 1

## Activity: Responding to scenarios

**Activity No: 1**

**Resources:** Breakout rooms, Appendix 1: Patient statements – trainer response guide

**Breakout room numbers and duration:** Two rooms, participants divided equally between each; 30 minutes

**Duration:** 30 minutes

**Method:**

- Advise participants that the group is now going to split into **two breakout rooms** with one trainer in each room for **30 minutes**.
- The trainer will explain what we are going to do when we get into the breakout room

**Breakout room:**

- Ask participants to select '**gallery view**' via the '**view**' icon on the **top right-hand of their screen** (this will mean everyone in the session can see each other).
- Participants are going to consider some of the **key questions and comments received from patients**.
- Remind participants of the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer.
- Make it clear that it's OK to get an answer wrong and that we are all here for help should anyone need it. There may also be more than one response to each question, so people may have other ideas they want to chip in with too.
- Ask each participant to call a number from 1–15. You will ask the corresponding question on the patient scenario list (Appendix 3: Patient statements – trainer response guide) and they will then respond as a practitioner. Score the question off once the number has been picked.

**Look out for:**

- Not dealing with ambivalent questions by using the communication skills.
- Tendency to avoid giving straight answers to knowledge questions.
- **Uncomfortable/threatened inexperienced advisers:** allow them to pass the question on to someone who is more experienced or has encountered the question before.

1. “Smoking is the only enjoyment I have in my life”

**Suggested response:**

- *“I hear that a lot from my patients. What do you find enjoyable about smoking? Is there anything you don’t enjoy about smoking?”*
- *“I can share with you that that enjoyment you feel may just be the cigarettes playing tricks on you. When we are addicted to cigarettes we find that a drag on a cigarette can be really pleasurable and make you feel more relaxed, calm, etc. These feeling can be deceiving. Can I tell you more about how tobacco dependence presents itself?”*
- *“Outside of smoking, what else do you enjoy doing?”*

2. “I am really worried about how I am going to cope when I get back home.”

**Suggested response:**

- *“You have done so well here in the hospital. It’s really great that you are thinking ahead to when you return home.”*
- *“Being back home can mean a return to old routines and situations where you normally would smoke. But it can also be a fresh start.”*
- *“I’d like to hear more about what you are concerned about. We can work together to make sure you have a really good plan in place to help you stay smokefree when you are at home.”*
- *“We can take it one step at a time and I am confident that you will be able to keep up with staying smokefree.”*

3. [Follow-up two weeks following discharge] “I have gone back to smoking. Everyone I know smokes, what’s the difference anyway.”

**Suggested response:**

- *“A lot of people find it hard to stay smokefree once you leave hospital. You had done really well and there is no reason you can’t get back on track.”*
- *“I am curious to know what caused you to go back to smoking. Tell me what has gone since you left hospital with your smoking.”*

4. “Can you tell me more about the support once I am discharged?”

**Suggested response:**

- *“We will want to ensure that you have support with keeping this up after you leave hospital.”*
- *“We try to ensure you have support from colleagues after you are discharged from hospital. We have a team of advisers at the local stop smoking service*

*that we can refer you to. They can continue to supply you with NRT products you are using and the specialist there can meet with you to ensure you have the support you need to stay smokefree and deal with any challenges that come up."*

- *"We also have a community pharmacist that follows patients after discharge and that might be an option that suits you."*

**5. "I've tried to stop many times and never managed."**

**Suggested response:**

- *"Many people try several times before they manage to stop for good. You can use the experience from stopping previously to help with this one."*
- *"You have a much better chance of success when you stop with support and medication."*
- *"What's the longest you managed?" "How did you do it and how much better did you feel?"*
- *"What did you find helped you?", "What did you find difficult? You can use this to help you work through it this time."*

**6. "How long will the withdrawal symptoms last?"**

**Suggested response:**

- Explain that the withdrawal symptoms will be lessened by ensuring that they take the maximum amount of medication based on their levels of dependence to tobacco.
- *"Most withdrawal symptoms will start to subside by the time you have been completely smokefree for around four weeks."*

**7. [staff statement] "The patient has psychotic episode and is having a difficult time. We can look at stopping smoking at a later time."**

**Suggested response:**

- It won't be unusual for some patients to not be stable enough to speak to you as a TDA.
- Agree that support in the form of TDA consultation can be rescheduled when patient is stable. Work with care team to ensure the patient is being treated for acute nicotine withdrawal. Agree to when follow-up can occur from the Tobacco Dependence Team or at least when the team should check back in. Be sure to check back in on patient in 48-72 hours and re-assess.

**8. [Staff statement] "I have already spoken to the patient about NRT, he wasn't interested."**

**Suggested response:**

- This is valuable information and you may wish to learn more from staff members about the patient and any discussions they may have had.

- Let staff know that you value that information and that we will want to ensure we follow-up to see how the patient is doing with withdrawal symptoms and urges to smoke if they are smoking.
- It is an opportunity to mention that sometimes learnings more about how safe the NRT products are, and that you can still smoke while you use them, is helpful.
- You can also inform staff that, as part of your assessment, you can see about speaking to the patients about the use of a nicotine vape or nicotine analogue.

**9. [Patient using mouth spray] “My stomach is really upset.”**

**Suggested response:**

- Advise patients this can often occur if you swallow the spray and that it can be addressed fairly easily.
- Review correct technique, which is to avoid swallowing for 15 seconds after using spray.
- Ask them to see if that works to address the stomach upset and if not that you can revisit.

**10. “What does my smoking have to do with my recovery here in hospital?”**

**Suggested response:**

- Explain the benefits to both their physical health and mental health recovery:  
*“Using this opportunity to go smokefree while you are in a no-smoking environment is really important, for your physical health, there will be significant health benefits.”*

**11. “I’ve never gone more than a day without a cigarette before. What is it going to feel like?”**

**Suggested response:**

- Share how other patients have benefited from going smokefree and the benefits they have felt after this short period of withdrawal.
- *“People experience stopping smoking in different ways, however, most will find that they experience some urges to smoke and some tobacco withdrawal symptoms, for example irritability, low mood, poor concentration but these can all be eased by using a sufficient amount of NRT or a vape.”*
- *“Tobacco withdrawal is temporary and will pass (as long as you don’t smoke), it’s not dangerous and using a stop smoking medication will help.”*

**12. “My doctor told me it’s a good idea to be thinking about stopping now.”**

**Suggested response:**

- *“Plenty of our patients do get asked to stop smoking by their doctor as it is something that is very important to your physical and mental health”*
- *“What did your doctor say about your smoking?”*

- *“What did your doctor tell you about the support and treatment you could get?”*
- *“What would be the advantages of you stopping smoking right now?”*
- *“Have you tried stopping previously? What’s the longest period you managed to stop for?”*

**13. Two weeks post-quit: *“I feel really down. Is this normal?”***

**Suggested response:**

- *“Can you tell me more about the ways in which stopping smoking is making your mental state worse?”*
- *“When you say really down, how does this feel? How down have you felt like this?”*
- *“What’s the hardest thing right now, for you, about not smoking?”*
- *“How is this affecting your day-to-day life?”*
- *“In sharing this with me, what you are best hopes as to how I can help?”*
- Responses to the above from the patient will help both the patient and the tobacco treatment adviser to unpick what is going on; is this a usual part of tobacco withdrawal and stopping smoking or something else? They can consider whether it will be sufficient to provide information about feeling down being a normal withdrawal symptom, reassurance, encouragement, and enhanced support, or whether there is something else going on. For example, if the person is really struggling with their mental ill health, liaising with their care coordinator may be helpful.
- It is important to empower the patient, reminding them that it is always their choice as to whether to continue with a quit attempt. They can choose to stop at any point and they can always opt back in. The door is always open and they can build on the progress they have already made.
- Listing pros and cons might help the patient reflect more on whether to continue with the quit attempt or to pause.

**14. *“I’ve tried patches, gum, the lot! - and none of them work for me.”***

**Suggested response:**

- *“What have you tried? Tell me how you used the medicines (technique)?”*
- *“How long did you use the medicines for and how much?”*
- *“Why do you think the medicines didn’t work?”*
- *“Medications, and using them properly, are an important part of a quit attempt, but they are not a magic cure. Being determined to quit, getting specialist help from someone like me, changing your routines, getting the support of friends and family – and a little bit of luck – are all components of a successful quit attempt. Shall we talk about how you might be able to get all of these things in place?”*



**15. “How can I handle early mornings when I usually smoke?”**

**Suggested response:**

- “First thing in the morning can be a difficult time for a lot of people. This will get easier over time. But we will want to have a plan for your morning routine to make it easier.”
- Tell me more about your morning routine. ”
- “*What could you do instead?*” Share examples of what other patients might do in similar situation.
- Discuss with patient strategies around use of aids earlier in morning.

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**ADDITIONAL STATEMENTS (TIME PERMITING)**

**16. “If I use a vape wouldn’t I just be swapping one addiction for another?”**

**Suggested response:**

- “*Not at all, the nicotine you receive from a vape is in a safer form than in your tobacco and much less addictive.*”
- “*It is nicotine in cigarettes that is addictive and vapes contain nicotine, so there is no swap in addiction. But with vapes, there is no burning and therefore no tar, carbon monoxide and other harmful products that are inhaled from tobacco smoke.*”
- “*Vaping offers a significantly less harmful way of consuming nicotine than smoking and can be an effective way of stopping smoking.*”

**17. “Is it ok to wear a patch and smoke?”**

**Suggested response:**

- “*Yes, it is completely safe. The fact that you are still wanting to smoke whilst wearing your patch tells me we should so look at increasing the amount of nicotine you are receiving to ensure you are getting enough as we can increase this to help with any urges to smoke you may be getting.*”

**18. Patient taking varenicline. “I am feeling quite nauseous.”**

**Suggested response:**

- Explain that this is a common side effect with taking varenicline that often wears off over time (first two weeks)
- Nausea is reduced when the medication is taken after food so to ensure that they have eaten before taking each dose.
- If the nausea persists after these preventative measures have been taken, then the dose can be reduced to 0.5mg twice daily.
  - If severe and putting the patient ‘off’ abstaining from smoking, you may need to consider discussing a switch to NRT and/or a vape

**19. Patient using patch. “I have a lot of skin irritation from the patch.”**

**Suggested response:**

- Check first that the patient is using the patch as prescribed.
- Check that they have tried changing the placement.
- Some skin irritation is normal but not if it is causing a lot of discomfort.
- Sometimes a change of brand can help

**20. “I can’t afford to put on any weight and I know, if I do, I’ll start smoking again.”**

**Suggested response:**

- Has this happened to you before?
- If you achieved your goal to stop smoking, how much weight gain could you accept?
- What is your biggest concern about weight gain?
- What measures could you take to keep the weight down?
- Would you like some suggestions from me on how to avoid weight gain?
- What’s more important to you right now, stopping smoking or your weight?

**Short response:**

*“Putting on weight isn’t inevitable, but you would probably have to exercise more or eat less to not gain some weight when you stop smoking. This is a lot to ask and most people decide to concentrate on one thing at a time – and stopping smoking is the best thing that you can do for your health. Most smokers who put on weight when they stop do not go back to smoking because of it, they wait until they are confident that they are a non-smoker (two or three months) and then they think about dieting or exercising – is this something that you could consider?”*

**21. “I also smoke cannabis.”**

**Suggested response:**

- *“How do you smoke it?”* (Note: most people smoke it with tobacco).
- *“The best thing for your quit attempt is to completely stop smoking both cannabis and tobacco. Even in the long-term, a return to using cannabis puts you at high risk of relapsing back to cigarette smoking. What are your thoughts about this?”*
- If the patient is prepared to stop using cannabis with tobacco but feel that they cannot, or don’t want to, stop using cannabis altogether, then there are a number of alternatives to reduce the harm caused by their cannabis use and to maintain their chances of abstinence from smoking.
- Switching to a non-combustible cannabis product or method is a harm reduction approach that can be considered for patients making a quit attempt as they do not involve tobacco. It is important to note that switching the way that cannabis is used may alter the effect of it.

22. ***“You’ve given me a patch, and six cartridges for the inhalator, but I still feel irritable and can’t concentrate. Can I have more cartridges?”***

**Suggested response:**

- Check that the patient is using the medication correctly and maybe check the HSI dependence score to ensure the dosage is sufficient to manage any withdrawal symptoms.
- *“If you are still feeling uncomfortable after taking the maximum dose for your inhalator then maybe we should explore some other faster acting products for you to try or increase the dose of your patch?”*

23. ***“Last time I quit smoking I had a lot of negative side effects, I was jittery all the time, couldn’t concentrate and I’m not sure if there’s anything I can do to make it easier this time.”***

**Suggested response:**

- Normalise withdrawal and discuss what they can expect, how long symptoms last and the importance of having a plan to help with managing withdrawal and cravings, including sufficient, regular, and proper use of stop smoking medications or vapes.
- Ask if the patient drinks a lot of coffee or other caffeinated drinks. Feeling jittering is not a withdrawal symptom but can be related to caffeine intake. Caffeine consumption should be reduced after stopping smoking. Discuss caffeine intake and the importance of reducing to ensure they are not over caffeinating. Reduction may need to be up to half for heavy coffee drinkers.

24. ***“I have been smoking for most of my life. What’s the point in stopping now?”***

**Suggested response:**

- *“It sounds like you have been thinking about stopping but feeling like the damage has been done, so what’s the point.”*
- *“A lot of people who have smoked for years feel like that.”*
- *“It’s absolutely not too late. Stopping is the most important thing you can do for your recovery.”*
- Review personal benefits of stopping to their current admission/clinical case, but also explore patients reasons for stopping (health, family, financial) and solidify their commitment to stopping.

25. ***“I can’t afford to purchase the medication.”***

**Suggested response:**

- An opportunity to communicate that tobacco dependence aids and support are provided free of cost because stopping smoking is that important.
- *“You have nothing to lose and might as well take advantage of the support available.”*

**26. “My partner smokes, and that’s going to make it really hard to keep this up.”**

**Suggested response:**

- What is your main reason for going smokefree?
- What do you find most challenging when your partner smokes around you?
- What does your partner think of your quit attempt?
- What have other people explained to you about the risks of smoking?
- How important is it for you to stop altogether?
- Can you see yourself stopping altogether?
- What can your partner do to help?

**Short response:**

*“Having someone in the house who smokes is going to make it more difficult for you; your partner doesn’t want to give up as well do they?”*

**If yes:** Try and get them to quit together.

**If no:** *“Never mind, but seeing someone smoke or even seeing their cigarettes lying around could be a temptation that will make things harder. Is there anything that you think you or your partner could do to make life a little bit easier for you, especially in the first few weeks of stopping smoking?”*

**27. “I always use cigarettes to help me unwind.”**

**Suggested response:**

- *“A lot of people do the same. The truth is we will want to think about this and plan for other alternative ways of ensuring you are able to unwind.”*
- *“Other than smoking, what else helps you unwind?”*
- *“Tell me about what things you might do to help you unwind at the end of a busy day or on weekends.”*
- *“Are there any other times of day where you think might be difficult when you return home?”*