

Community mental health tobacco treatment training

Training guide: Module 12

Initial assessment

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Importance:

- It is important for Advisors to be aware of how to structure an initial assessment.
- It is important for Advisors to feel confident in conducting appropriate assessment of client's needs to develop a personalized plan for quitting.

Purpose:

- To demonstrate the skills associated with an initial assessment session and to encourage participants to identify the modelled skills.
- For course participants to practice key aspects of an abrupt assessment session.

Process:

- PPT with checklist
- Demonstration (abrupt quit)
- Skills practice (abrupt quit)

Resources:

- PowerPoint presentation
- Handout: Initial assessment checklist and patient profile (abrupt quit)
- Carbon monoxide monitor, mouthpiece and wipes

Presenter's notes

Presenter's notes are found in the notes view of the PowerPoint slides. The presenter's notes provide a suggested method for presenting training content and identify

Activity: Initial assessment: identification of BCTs (behaviour change techniques)

Resources: Flip chart, pens and post-it notes
Group numbers and duration: 4 participants per group; 10 minutes
Duration: 20 minutes
<p>Method:</p> <p>Slide 7:</p> <ul style="list-style-type: none"> • Explain that we are now going to focus on the initial assessment. • Ask participants to imagine this is the first time they have seen the person and that we are thinking through what we need to do to build rapport, put the person at ease, assess the person's needs and plan behavioural support. • Divide the participants into groups of 4 and ask them to identify what they would typically involve in a pre-quit session. • Each group to write suggestions on flip chart paper. • Give participants 10 minutes to complete the activity, then summarise responses and move on to slides 75 and 76. <p>Slide 8 & 9:</p> <ul style="list-style-type: none"> • As you highlight the points on the slides, ask participants the following questions (you may not have time to ask all of them. For those you don't ask, provide an overview): <ol style="list-style-type: none"> 1. How would you build rapport with your patient at the start of the session? What might you want to discuss that would help to build rapport early in the session? 2. What would you want to know about their current smoking? 3. What would you want to know about their past quit attempts? 4. How would you assess nicotine dependence and why is this important? 5. What preparations for quitting could the patient make prior to their quit date?

Activity: Initial assessment demonstration and skills practice abrupt quit (virtual course instructions)

Resources: Breakout rooms and Handout 3: Initial assessment checklist and patient profile (abrupt quit)
Breakout room numbers and duration: Pairs; 20 minutes
Duration: 60 minutes
<p>Method:</p> <p>Slide 12: Demonstration</p> <p>Initial assessment demonstration (abrupt quit):</p> <ul style="list-style-type: none"> • Ask participants to open Handout 3: Initial assessment checklist and patient profile (abrupt quit). • Advise participants that you and your co-trainer are going to model some of the items on the clinical checklist that were discussed before the break. <p>Slide 13:</p> <ul style="list-style-type: none"> • Provide participants with an overview of the patient you are going to play (Kerri). Advise that the discussion with Kerri will lead to a decision to quit it one step (abrupt quit). <ul style="list-style-type: none"> - [Trainer: play a scenario that reflects the participants' service delivery model; i.e., turn camera off for a telephone service and keep it on for services using video or face-to-face] <p>Slide 14:</p> <ul style="list-style-type: none"> • Inform participants that you will be covering the items on this slide solely for the purposes of the demonstration and that they will see the other BCTs demonstrated on day 2. • Explain that you will also demonstrate taking a carbon monoxide reading during the demonstration. • Ask participants to let you know if you miss anything and ask them if you did once the demonstration has ended. Also ask whether there was anything that they would do differently. <p>Slide 15:</p> <ul style="list-style-type: none"> • Use this slide to debrief the activity and take feedback from participants. • Participants may complain that the patient was 'too easy' or that it 'was not realistic'. Explain that the idea is to demonstrate and practice these skills in the 'classroom setting' so that they can be applied to real world patients. <p>Slide 16: Skills practice</p>

- Explain that you will be dividing participants into pairs and that each person will get a turn to be the patient or practitioner.

Slide 17:

- **Practitioner:** The practitioner's role involves conducting an initial assessment session. Participants should use the clinical checklist (Handout 3) and practise communication skills.

Slides 18 & 19:

- **Patient:** Play Gemma using the patient profile (Handout 3). Give information only when asked, keep in character and supplement information, but don't make the consultation too difficult.
- Provide an overview of Gemma using slide 10.
- Coach participants to carry out the skills practice to reflect their service delivery model, i.e. turn camera off for a telephone service and keep it on for services using video or face-to-face.
- Explain that participants will have **20 minutes (15 minutes for the skills practice and 5 minutes for feedback)** 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 more practice is required.
- **Advise participants that trainers will pop into breakout rooms to see how they are getting on.**

Slide 20:

- **Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the initial assessment session.
- Were there any areas that you found challenging? If participants put their cameras off to reflect telephone support, how did this feel? Were there any challenges and was there anything they noticed (examples provided below)?
- **Lack of body language:** The largest component of face-to-face communication is body language. In telephone communication, the voice becomes the dominating factor for the receiver, therefore tone of voice and how you use your voice can have a significant impact on the patient. You will need to rely much more on your voice to add depth, empathy and demonstrate understanding.
 - Absence of the patient's body language also means you are listening more acutely to the way something is said, including pauses, as well as what is not said.
- **Pace:** We need to slow the pace down over the phone. When face-to-face we (often without knowing it) partially lip read what people are saying as well as see their body language and hear their words. Without seeing the person, people need a little more time to process what you are saying.

- Break any information down into bite size chunks to keep the person engaged and ensure they understand one issue before moving on to the next.
- **Verbal nods:** Like 'I see', 'uh huh' are important so the person knows you are still there and listening.
- **Guidance:** The NCSCT have produced guidance on providing remote consultations via telephone and video. The guidance includes advice on delivering behavioural support via telephone and video conferencing, plus mailing of NRT to patients. The guidance can be downloaded from the NCSCT website.
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.

Activity: Initial assessment demonstration and skills practice - abrupt quit (Face-to-face course instructions)

Resources: Handout 3: Initial assessment checklist and patient profile (abrupt quit)
Group numbers and duration: Pairs; 20 minutes
Duration: 60 minutes
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