

Community mental health tobacco treatment training

Training guide: Module 14

Quit date of reduction date session

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Importance:

- It is important for Advisors to be aware of how to structure a quit date or reduction date session and deliver tailored treatment to patients with SMI.

Purpose:

- To identify and practice key skills used during the quit date and CDTS reduction date session.

Process:

- PowerPoint presentation
- Skills demonstration
- Group discussion
- Skills practice

Resources:

- Handout: Quit date checklist and patient profile
- Participant Handout: Reduction date checklist and patient profile

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: identifying competencies and quit date demonstration

Resources: Virtual post-it notes and Handout 3: Quit date checklist and patient profile

Duration: 25 minutes

Method:

Slide 4:

- Open up virtual post-it notes and ask participants to write what they would expect to cover in a typical quit date appointment where the patient is aiming for **quitting completely in one step**.
- Ask participants to note one point per post-it.
- Organise participant responses as they come in.

Slide 5 and 6:

- After a few minutes provide an overview of the quit date session using the points on these slides.
- Explain that it is normal for patients to feel quite nervous on their quit date.
 - **Ask participants how they think patients might demonstrate that they are nervous?** They may tell you, use humour, be dismissive, question value, question ability, etc.
 - **How might participants put patients at ease?** Take time to build rapport, empathise and reassure that it's normal to feel nervous, establish what they feel most nervous about and explore specific concerns.
 - You may also want to revisit their reasons for wanting to quit and perhaps ask if they can identify any good things that will come from stopping smoking.

Quit date demonstration

- Ask participants to open Handout 3: Quit date checklist and patient profile.
- Inform participants that you will model some components and ask for their advice and input on others (e.g. you might ask participants how they would 'assess readiness and ability to quit' and then demonstrate 'confirming that the patient has sufficient supply of medication and discussing expectations of medication').
- Ask participants to keep a note of any questions that arise as they watch the session and anything missed from the session.
- Highlight to participants that their sessions will usually last longer than we have time for in the training and therefore we will focus on key aspects. The

standard treatment programme provides a full intervention designed to maximise the effectiveness of the intervention.

- Carry out a short **(10 minute)** quit date session demonstration.
- Ask participants for their feedback on the session and ask if there was anything they would add or if anything was missed.
 - **If you missed anything** you can make a point of returning to the role play to complete the missed BCT.

Activity: Quit/reduction date skills practice

Resources: Breakout rooms, Handout 3: Quit date checklist and patient profile, Handout 4: Reduction date checklist and patient profile
Breakout room numbers and duration: Pairs; Two 12-minute sessions
Duration: 30 minutes
<p>Method:</p> <p>Slide 14:</p> <ul style="list-style-type: none"> Advise participants that they will now, in pairs, have an opportunity to practice the quit date session – abrupt quit. One participant will play the practitioner and the other the patient. <p>Slides 15-16:</p> <ul style="list-style-type: none"> Advise participants to use the quit date clinical checklist in Handout 3 to guide the session. Go over the points of the skills practice using slides 5 & 6. 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. Ask participants to ensure they get a chance to practice the ‘not a puff’ rule and prompting a commitment from the patient as these are two key BCTs. As this is virtual training, advise participants they will need to pretend that they have carried out the carbon monoxide test. <p>Slide 17:</p> <ul style="list-style-type: none"> Provide participants with an overview of the patient they will play (Gemma). Advise participants they will have 12 minutes for this session. Advise participants that trainers will pop into breakout rooms to observe and support skills practice. <p>Slide 18:</p> <ul style="list-style-type: none"> Debrief the skills practice: Ask for general feedback, comments or questions participants have regarding the quit date session. Were there any areas that you found challenging? How did explaining the not a puff rule and eliciting a commitment go? Summarise what you have observed. Highlight examples of good skill implementation that you have seen. Mention any weaknesses that were common. <p>Slides 19 to 24:</p>

- Advise participants that you are now going to focus on patients who plan to CDTs.
- Use **slides 19 to 21** to remind participants of the process of supporting CDTs and the strategies that can be used.
- Ask participants to open Handout 4: Reduction date checklist and patient profile.
- Advise participants that they will now **return to the same pairs and swap roles** to carry out a **12-minute** session. This time the patient will be Michael who is cutting down to stop and you are seeing him on his reduction start date.
- Provide an overview of Michael using **slide 22**.
- Go over the points of the skills practice using **slide 23**.
- **Slide 24 - Debrief the skills practice:** Ask for general feedback, comments or questions participants have regarding the quit date session.
- Were there any areas that you found challenging?
- **Summarise** what you have observed.
- **Highlight examples** of good skill implementation that you have seen.
- **Mention any weaknesses** that were common.