

Inpatient Tobacco Dependence Adviser Training Course: Acute inpatient

Trainer's guide Day 2

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1**Day 2 timetable**

Day 2	
Time	Agenda
09:00	Enter virtual course
09:15	Review of day 1 and introduction to day 2
09:45	Addressing ambivalence and resistance (Core skills 2)
10:45	Comfort break
11:00	Carbon monoxide (CO) monitoring as a motivational tool
11:20	Follow-up support and patient case studies
12:30	Lunch
13:00	Nicotine analogue medications (varenicline and cytisine)
13:20	Discharge care bundle
14:00	Clinical considerations and special populations
14:45	Comfort break
15:00	Smoking and medication interactions
15:20	Post-discharge follow-up
15:40	Responding to patient scenarios
16:10	Summary and close
16:30	Depart virtual course

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Review of day 1, addressing ambivalence [09:15 – 11:00]

Duration: 1 hours, 45 minutes (including 15-minute break)

Use the presentation notes to progress through the presentation until you come to a group activity. The group activity number is detailed within the slide notes and the corresponding activity instructions can be found within the trainer guide.

Time	Agenda	Slides	Activity
09:15	Review of day 1 and introduction to day 2	1-12	Quiz
09:45	Addressing ambivalence and resistance	13-27	1 and 2
10:45	Break	28	–

Purpose:

- To review key smoking myths and facts.
- To outline the person-centred approach and behaviour change techniques required when working with patients who are ambivalent or resistant.
- To gain confidence in techniques that elicit the patient's views and questions on smoking and smoking cessation, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner.

Process:

- PowerPoint presentation
- Quiz
- Whiteboard
- Small group work
- Group discussion
- Carbon monoxide test demonstration

Resources:

- Quiz polling tool
- Breakout rooms
- Handout 1: Patient statements
- Appendix 1: Patient statements – trainer response guide

Activity No: 1**Resources:**

Virtual delivery: Jamboard (or chat)

In-person delivery: Sticky notes (or flip chart)

Duration: 5–7 minutes

Method for virtual course:

- Ask participants to note on the virtual whiteboard responses to the following question:
 - ***What affects a patient's ability to quit?***
- Give participants 2–3 minutes to provide responses and then summarise using the summary slide that follows.

Method for in-person course:

This exercise can be run as a large group call out, flip charts, post-it notes.

- Ask participants to share responses to the following question:
 - ***What affects a patient's ability to quit?***
- Give participants 3–5 minutes to provide responses and then summarise using the summary slide that follows.

Activity No: 2

Resources: Breakout rooms, Day 2 Handout 1: Patient statements, Appendix 1: Patient statements – trainer response guide

Breakout room numbers and duration:

Option 1: 3–5 participants per group; 10 minutes

Option 2: Trainer-facilitated group discussion

Duration: 20 minutes

Method:

- Advise participants that we are now going to bring the session back to applying general communication skills to tobacco dependence treatment. These communication skills are particularly useful to address those ‘heart sink’ statements that may arise as part of the initial consultation and usually come from some ambivalence about stopping smoking.
- Ask participants to open Day 2 Handout 1.
- Advise participants that you are now going to split into groups for **10 minutes**.
- In their groups participants will discuss, agree on, and write down **ONE** person-centred response to each of the statements on the handout which are commonly posed by patients (If time is tight provide each group with one or two statements to consider).
 - If time is tight provide each group with one or two statements to consider.
- **After 10 minutes**, bring the group together for feedback.
- **Read out a statement and then ask each group to respond.**
Repeat the process for each statement.
 - Ask the group which responses they feel would be most effective and reinforce that there are several effective communication styles which work [Use Appendix 1: Patient statements – trainer response guide to support – for trainer use only].

What to look out for:

- If a participant is wildly off in their response, the trainer can gently make another suggestion, or continue with the round allowing other participants to share their examples.
- Responses should generally include:
 - Acknowledgement of issue.
 - Elicit patients understanding of the issue.
 - Work with the patient to find a solution.

5**Carbon monoxide testing and follow-up scenarios [11:00 – 12:30]**

Duration: 2 hours (including 30-minute lunch break)

Use the presentation notes to progress through the presentation until you come to a group activity. The group activity number is detailed within the slide notes and the corresponding activity instructions can be found within the trainer guide.

Time	Agenda	Slides	Activity
11:00	Carbon monoxide testing as a motivational tool	29-35	–
11:20	Follow-up scenarios	36-50	3
12:10	Nicotine analogues (varenicline and cytisine)	51-64	–
12:30	Lunch	65	–

Purpose:

- To understand the role of carbon monoxide testing and how this is used as a motivational tool.
- To review the skills associated with the follow up session.
- To practice skills associated with effective follow-up support in various patient scenarios.
- To provide an understanding of nicotine analogue stop smoking aids.

Process:

- PowerPoint presentation
- Carbon monoxide test demonstration
- Group discussion
- Small group work

Resources:

- Carbon monoxide monitor, mouthpieces, and wipes
- Handout 3: Follow-up checklist and patient case study
- Appendix 2: Follow-up scenarios – trainer response guide

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Activity 3: Follow-up support skills practice

Activity No: 3

Resources: Breakout rooms, Day 2 Handout 3: 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.

Duration: 2 hours (including 15-minute break)

Time	Agenda	Slides	Activity
13:00	Discharge planning	2-15	4-5
14:00	Clinical considerations and special populations	16-38	–
14:45	Break	39	–

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.
- To examine benefits and considerations for treatment among specific clinical groups and special populations (e.g. persons with mental health illness).
- To understand any cautions or contraindications to the use of stop smoking aids for specific populations and clinical diagnosis.
- To review the skills associated with post discharge follow up.

Process:

- PowerPoint presentation
- Group discussion
- Film clips

Resources:

- Handout 4: Strategies
- Handout 5: Discharge planning checklist and patient case study

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Activity 4: Risk identification and problem solving

Activity No: 4

Resources: Breakout rooms, Day 2 Handout 4: Strategies

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 Day 2 Handout 4.
 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 5: Discharge planning skills practice

Activity No: 5

Resources: Breakout rooms, Handout 5: Discharge planning checklist and patient case study

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

Duration: 12-15 minutes (7-10 minute breakout; 3-5 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. Swap roles from previous sessions so everyone gets a chance to play the role of TDA.
 - **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.

Duration: 1 hour, 30 minutes

Time	Agenda	Slides	Activity
15:00	Smoking and medication interactions	40-48	–
15:20	Post-discharge follow-up	49-53	–
15:40	FAQs: Responding to patient scenarios	54	6
16:10	Summary and close	55-61	–
16:30	Depart	–	–

Purpose:

- To understand the effect of stopping smoking on other medications and review clinical management.
- To review the discharge care bundle and BCTs included at post-discharge follow-up contacts.
- To how to respond to common scenarios such as lapses and relapse.
- To summarise key course learning outcomes through responding to patient scenarios.

Process:

- Presentation
- Group discussion
- Responding to patient scenarios in two groups

Resources:

- Film clips [embedded in slides]
- Breakout rooms
- Appendix 3: Patient statements – trainer response guide

Activity No: 6

Resources: Breakout rooms, Appendix 3: 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.

Purpose:

- To recap the skills and learning outcomes covered in the course.
- To provide information regarding NCSCT briefings, clinical tools, and e-learning resources.
- To allow feedback from participants.

Process:

- Group discussion
- Completion of post-course questionnaire and evaluation

Resources:

- Post-course questionnaire link
- Course evaluation link

What to do

- Recap the main skills that participants have identified, observed, and practised throughout the course.
- Remind participants that the clinical checklists are detailed at the start of each session within the standard treatment programme and will allow them to continue this process whilst carrying out their job.
- **Invite each participant** to state one thing they can take away from course to implement in practice or that they will do differently.
- Place a link to the **post-course questionnaire** in the chat and ask participants to click on the link to launch the questionnaire and complete the questions (names required).
- Place a link to the **anonymous course evaluation** in the chat and ask participants to click on the link to launch the evaluation form and complete the questions.
- Provide an overview of NCSCT resources using the slides.
- Advise participants that they will receive their certificate of attendance via email.
- Thank everyone for their participation in the training.
- Debrief with your fellow trainer and admin support.
- Complete the trainer feedback form.

Statement 1

“Stopping smoking is the last thing on my mind right now!”

- *“It sounds like you have a lot on your mind.”*
- *“Can you tell me what are the things that are worrying you at the moment?”*
- *“It’s perfectly normal to worry about stopping, what are you worried might happen when you quit smoking?”*
- *“There are good and bad times to embark on a quit attempt, how do you feel about stopping smoking at the current time?”*
- *“What do you find most challenging when you think about stopping?” “Have you thought about some of the good things, that would come from stopping?”*
- *“What have other people explained to you about the risks of smoking?”*
- Empower patients: *“While I’d love for you to stop smoking, as we know how important it is for your health. The time to stop will always be your decision.”*
- *“Your doctor is concerned about your smoking and we are here to help with support while your in hospital. You have got nothing to lose and you might just surprise yourself.”*

Statement 2

“I used to smoke a lot. But I’ve cut down to just a few cigarettes a day. I am not willing to give those up.”

- Congratulate the patient on managing to do so well in cutting out so many cigarettes and ask them what benefits they have noticed. If they are not quite ready to abstain completely, explain that they can follow a ‘cut down, then stop’ plan with you supporting them throughout the process until they have stopped altogether.
- *“The last few cigarettes can become important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as you were previously when smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren’t there.”*
- Offer you support, including just providing information or support while in hospital. Making it easy for patient to engage in treatment.

Statement 3

“Don’t waste your time on me. The first thing I am going to do when I get out of here is have a cigarette.”

- Acknowledge its completely normal to be wanting to have a cigarette and that you understand they must be finding it difficult to be in the smokefree environment.
- Let them know you can support them with feeling more comfortable while in hospital.
- Focus conversation on how smoking fits in their life, removing any pressure from making a decision to stop: *“I am not here to pressure you in to stopping. I’d be interested in hearing more about how smoking fits into your life. How many cigarettes are you smoking a day. What does a day typically look like for you...when you wake up when do you have your first cigarette?”*
- Learn about any past attempts to stop: *“Have you ever tried to stop in the past?”*
- Acknowledge how they are feeling, congratulate on any past success, support them with addressing urges to smoke while in hospital, offer support with building on that success. Keep the door open.

Statement 4

“And what do you know about my smoking and my life? Have you ever smoked?”

- *“What makes you interested in that?”*
- *“Is it important for you to know if I have smoked?”*
- Tell the truth:
 - *“No, though I have been trained to understand the addiction and treatments on offer. I have helped X people stop. We offer an NHS evidence-based service that’s based on your needs and although everyone’s different, my experience can help you get through one of the most difficult addictions and become a successful non-smoker.”*
 - *“Yes, I smoked and in that way can understand first-hand how challenging it can be to stop.”*
 - *“If you do smoke currently, it is up to you whether you share or not.”*
- Acknowledge the patient’s feelings and that you don’t know about their life, but you are here to support them while in hospital. I know how hard it can be just to think about stopping.
- *“I don’t know much about your life, but I am here to support you with feeling comfortable while here in hospital and would be really pleased to sit down and learn more about how you are doing while in hospital.”*
- *“There is no pressure from me. But I can help make your stay here in hospital just a little easier, and maybe help you reduce your smoking a little. Set a small goal in the right direction.”*

Patient Case Study 1: Melina, age 38

Reason for admission	Planned surgery (gynaecology). You are seeing her two days post-op. Expect stay is 24-48 hours (bed rest). She is in some discomfort.
History	Married, mother of two. Hospitalisation planned but difficult to be away from home and work.
Tobacco use	15 cigarettes/day for 22 years. Smokes after 30 minutes of waking.
Treatment plan	<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>
Follow-up	<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 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 (on 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 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

Reason for admission	Breathing difficulties; uncontrolled asthma. Emergency overnight admission. This is his third admission for same. You are seeing him on day two.
History	Married, wife also smokes. Routine/manual occupation.
Tobacco use	20 cigarettes/day for 33 years. Wakes at night to smoke and first thing.
Treatment plan	21mg patch and gum. Goal: cessation.
Follow-up	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

Admission	Double cardiac bypass. Had previous angioplasty. Day three of hospitalisation.
History	Lives alone in social housing. Retired.
Barriers	Had thought he'd be best to stop smoking after surgery.
Tobacco use	<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>
Treatment Plan	Patch and mouth inhalator
Follow-up	<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.

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.
-

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?”*