

**Tobacco Dependence Adviser Training**  
**Course:** Inpatient Mental Health

# **Trainer's guide**

## **Day 1**

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**1****Course timetable****Day 1**

Time	Agenda
09:00	Enter virtual course and pre-course assessment
09:15	Welcome and introductions, aims and objectives, expectations from course
09:40	Mental illness, smoking and stopping: changing lives
10:20	Understanding tobacco dependence in people with SMI
10:45	Comfort break
11:00	Behaviour change techniques and core communication skills
12:10	Treating tobacco dependence: a new standard of care in inpatient MH
12:30	Lunch
13:00	Point of admission care: acute management of nicotine withdrawal
13:15	Engaging patients in treatment: best practices
13:30	Effective use of tobacco dependence medications and aids
14:30	Comfort break
14:45	Discussing tobacco dependence and treatment with patients
15:30	Nicotine analogues
15:50	Challenging conversations: responding to staff scenarios
16:25	Wrap-up
16:30	Depart virtual course

Day 2	
Time	Agenda
09:00	Enter virtual course
09:15	Review of day 1 and introduction to day 2
09:35	Initial assessment and treatment plan
10:00	Carbon monoxide (CO) monitoring: a motivational tool
10:25	Initial assessment demonstration
10:45	Comfort break
11:00	Cannabis and tobacco use and initial assessment skills practice
11:45	Harm reduction (Cut Down and Then Stop)
12:30	Lunch break
13:00	Smoking and psychotropic medications interactions
13:15	Follow-up scenarios (demonstration and skills practice)
14:30	Comfort break
14:45	Preparing for discharge
15:20	Post discharge follow-up support
15:40	FAQs: responding to patient and staff scenarios
16:10	Summary and close
16:30	Depart virtual course

**Aim:** This two-day course is for NHS staff who will be delivering specialist tobacco dependence treatment to patients during admission to an inpatient mental health facility.

The course will focus on effective behaviour change techniques (BCTs) and treatment approaches specific to the inpatient setting, including:

- the case for addressing tobacco use among persons with mental health illness as a priority
- conducting the initial assessment and treatment plan development
- delivering follow-up support to patients while in hospital, and
- supporting discharge planning and onward referral to community-based support

For participants new to the tobacco dependence adviser role, this course will provide a foundation for developing knowledge and confidence in the competences required to deliver tobacco dependence treatment to people in the inpatient setting; for more experienced attendees, the aim is to build on existing knowledge and skills with a focus on the specifics of the new **'NHS Standard Treatment Plan for Inpatient Tobacco Dependence'** and its associated **Care Bundles**.

### Learning objectives

#### At the end of the course, attendees will:

At the end of the course, participants will:

1. Be knowledgeable about the case for tobacco dependence treatment and best practices for treating people admitted to hospital.
2. Be aware of the consequences of smoking on physical, mental health and social determinants and the benefits of treating tobacco use as a priority.
3. Understand nicotine addiction and the presentation of tobacco withdrawal in the inpatient mental health setting and how treatment is tailored for persons with severe mental illness.
4. Demonstrate knowledge and understanding on the core elements of the NHSE tobacco treatment care bundles (admission, specialist tobacco treatment, discharge planning and support) to support temporary forced abstinence and a smokefree admission in the inpatient setting.
5. Display confidence and competence in the delivery of tobacco dependence treatment tailored to the inpatient setting, including:
  - Engaging patients in treatment and addressing low motivation, ambivalence, or resistance to treatment.
  - Undertaking assessments: assessing tobacco dependence, response to treatment, and patient smokefree goals in the inpatient and outpatient setting.
  - Planning the patient tobacco dependence treatment plan: to support for both smokefree admission and a long term goal of smokefree abstinence.

- Delivering follow-up support, adjusting the treatment plan, and supporting effective transition to community-based support.
  - Behavioural techniques for:
    - Effective communication and delivering person-centred support;
    - Management of acute tobacco withdrawal and urges to smoke;
    - Effective use of stop smoking medication or aids, including nicotine replacement therapy, nicotine vapes and nicotine analogue medications;
    - Maximising patient confidence in their own ability to remain smokefree;
    - Preparing for discharge and relapse prevention
7. Be familiar with the impact of smoking on psychotropic and other medications, and medications requiring monitoring following smoking abstinence.
  8. Be aware and demonstrate knowledge of clinical issues in the delivery of tobacco treatment to inpatients with various reasons for admission and clinical conditions.
  9. Feel confident working in the acute inpatient setting including effective communication with clinicians and the patient care team.

### **Certification**

All participants should be provided with a certificate of participation by email following the course. Additionally, attendees are also able to certify for two days of continuing professional development (CPD). Attendance in full is required to receive the course attendance certificate.

### **Supplementary training**

This course should be supplemented by local training. It is highly recommended that health professionals observe an experienced practitioner before delivering specialist support to patients, be observed themselves delivering support to patients, and receive regular ongoing support and supervision. They should also engage in continuing professional development activities and ensure that a minimum number of patients are seen a year to maintain their knowledge and skills.

### 3

## Pre-course trainer information

This two-day course, for up to 20 participants, is for NHS staff who will be delivering specialist tobacco dependence treatment to patients during admission to hospital. This course can be delivered virtually (e.g. via Zoom, Microsoft Teams, etc.) or face-to-face. Ideally, the course should be delivered by two trainers.

The course is designed to provide both new and experienced TDAs with the knowledge and skills to deliver effective tobacco dependence treatment to support a smokefree admission and smoking cessation following discharge from hospital.

The course will provide participants with training in the delivery of the newly published '**NHS Standard Treatment Plan for Inpatient Tobacco Dependence**' and its associated care bundles.

### Pre-course study

Prior to the two-day course participants are asked to familiarise themselves with the **NHS Standard Treatment Plan for Inpatient Tobacco Dependence**. Additionally, course participants should obtain a copy or be familiar with their local trust tobacco dependence treatment pathway and any related policies, including the trust's smokefree policy.

Course participants who are less familiar with the use of stop smoking medications are invited to complete the NCSCT online training module on stop smoking medications' prior to the course:

[https://elearning.ncsct.co.uk/stop\\_smoking\\_medications-launch](https://elearning.ncsct.co.uk/stop_smoking_medications-launch)

### Course length

Two days: 9:00 arrival for a 9:15 start. Please ensure that you access the training link by 08:50 at the latest to allow time to resolve any technical difficulties. The course finishes at 16:30, with regular comfort breaks and lunch between 12:30 and 13:00.

## Virtual courses

Access instructions and link for the training course should be sent to participants after they have registered for the course and technical support should be available from 08:45 on the day of the training.

**Participants must have access to a mic and webcam to participate in the training.** Participants should ensure that they have access to both prior to the training. **Webcams should be on throughout to support safety, engagement and participation.**

## Pre-course trainer checklist

Item	Done
<p>Set up course administration and registration process.</p> <p>Ask participants the following as part of the registration process:</p> <ul style="list-style-type: none"><li>• Name, role, setting, work address, email address, telephone number</li><li>• Course expectations: what they hope to gain from attending the training</li><li>• Training accessibility requirements</li><li>• Experience in working in tobacco dependence and mental health settings</li></ul> <p>The course registration form is found as part of the pre-course materials.</p>	
<p>Communicate pre-course learning requirements a minimum of <b>four weeks</b> prior to the course.</p>	
<p>Send participants the <b>course information document</b> and details of a dedicated contact for any pre-course questions or support requirements.</p>	
<p>Communicate course delivery mode (virtual or face-to-face) and any IT requirements as noted on the previous page.</p>	
<p>Remind participants of the pre-course learning requirements <b>five days</b> prior to the course.</p>	
<p>Run the presentation through as a slide show to become familiar with slide animations.</p>	



## Virtual courses

Item	Done
Arrange administrative support for the duration of the course	
Set up virtual course link and send to participants after course registration	
Send participants the following items via email <b>one week</b> prior to the course: <ul style="list-style-type: none"><li>• Course information document</li><li>• Handouts (separated into Day 1 and Day 2 folders)</li></ul>	
Create a virtual post-it board for associated activities	
Pre-course questionnaire: upload to survey software and create link	
Post-course questionnaire: upload to survey software and create link	
Course evaluation: upload to survey software and create link	

## 4 Notes on using the trainer guides

The nature of skills-based training courses dictates that trainers react to the needs of the trainees and thus the timetable might need to be flexible in order to meet these needs. However, trainers should make every effort to focus on skills and achieving the learning outcomes.

There is a PowerPoint presentation and a separate trainer guide for each day of the course. Presenter notes are included in the PowerPoint notes section of each presentation.

**Brief activity instructions can be found in the presentation notes. For more detailed instructions, refer to the activity instructions within the day 1 and day 2 trainer's guides.**

**5****Welcome, introduction, smoking and mental health and tobacco dependence [09:00 – 10:45]****Duration:** 1 hour, 45 minutes

Time	Agenda	Activity
09:00	Enter virtual course and registration	Pre-course questionnaire
09:15	Welcome, introductions and course overview	Introductions
09:40	Mental illness, smoking and stopping: changing lives	Quiz questions (on slides) Patient story film clip and large group debrief
10:20	Understanding tobacco dependence in people with SMI	–
<b>10:45</b>	<b>Break</b>	–

## 6

### Welcome, introductions and course overview [09:15 – 09:40]

#### Purpose:

- To set the tone for the training course and to explain the timetable to participants.
- To explain how the skills were identified and their significance for tobacco dependence advisers providing smoking cessation support in a mental health inpatient setting.
- To gauge course participants' experience.
- To explain the course aims and objectives.

#### Process:

- Presentation
- Group discussion

#### Resources:

- PowerPoint presentation

## 7

### Mental illness, smoking and stopping: changing lives [09:40 – 10:20]

#### Purpose:

- To describe the harmful effects of smoking on health.
- To outline the rationale for providing tobacco treatment in a mental health inpatient setting.
- To outline the contribution of smoking cessation to reducing health inequalities.

#### Process:

- Presentation
- Patient story videos [embedded into slides]
- Quiz questions [on slides]
- Group discussion

#### Resources:

- PowerPoint presentation

**Purpose:**

- To outline what tobacco dependence is and how it develops.
- To describe tobacco withdrawal symptoms and urges to smoke, including expected severity and duration.
- To highlight unhelpful stigma, attitudes and culture and invite participant self-reflection.

**Process:**

- Presentation
- Group discussion

**Resources:**

- PowerPoint presentation

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

Time	Agenda	Activity
11:00	Behaviour change techniques and core communication skills	1 and 2
12:10	Treating tobacco dependence: a new standard of care in inpatient MH	–
12:30	Lunch	–

### Purpose:

- To outline the behaviour change techniques (BCTs) that are of particular importance for working in an inpatient mental health setting.
- To teach participants how to maximise the good listening and communication skills they already have and apply the skills of non-biased listening.
- 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:

- Presentation
- Group discussion
- Skills practice

### Resources:

- PowerPoint presentation
- Breakout rooms
- Handout 1: Patient statements

**Activity No:** 1

**Resources:** Breakout rooms

**Breakout room numbers and duration:** Pairs; Two 5-minute sessions

**Duration:** 15 minutes

**Method:**

**Step 1:**

- Advise participants that they are going to split into pairs for **5-minutes**.
- Ask the pairs to interview each other on **‘Something I’ve been meaning to complete for ages but haven’t got around to yet’** (e.g. clearing up the house, sorting paperwork, decorating or completing course work).
  - The aim of the exercise is to use all their excellent communication skills to try and find out what is going on from the other person’s perspective and to help the other person **think of a solution for themselves**.
  - The interviewer’s task is to **use listening skills** and **ask probing questions**.

**Step 2:**

- After 5 minutes bring the first session to a close and bring the group back.
- Ask the interviewers whether they accidentally found themselves giving advice when they heard what the situation was.
- If so, did they notice the speaker often gave replies like **“yes, but I’ve tried that...”** or **“I can’t do that because...”**
  - Whose problem is it? Who has the power to change it?
  - Who is likely to have the most experience to be able to change it?
  - What is most likely to make someone change, an idea they have thought of themselves, or something you suggest?
- The group will agree that most people will always follow their own ideas and plans more readily than other people’s.
- Give feedback that it is natural when someone is struggling or stuck with an issue to offer advice.

- However, it takes more time and skill to encourage them to identify their own solutions, but the results are worth it.
- For example, when someone wants to give up smoking it is important to use techniques that empower the patient and leave them in charge of their own timescale and progress.

### Step 3

- Instruct the group to **swap over roles and continue the exercise for 5 minutes.**
- However, this time the new interviewer **must not offer any advice or solutions but must instead concentrate on asking exploring questions** (e.g. what have you already thought of doing? How long has this thing been an issue? What have other people suggested? What stops you doing that? Does it matter if it ever gets done? Is there anyone who can help you?).

### Step 4:

- After 5 minutes bring the group back.
- **Ask the interviewers how they felt being instructed not to give advice.**
- Allow them a moment of internal reflection (many will say it was an uncomfortable experience).
- Now ask the interviewee to let you know if, in the absence of advice, there was any point to them having this conversation. Invariably, one or two people will say it was very useful because they started to think about the issue and realised the blocks they'd been putting up and had actually come up with their own answers.

### Trainer [Optional]

If you want to demonstrate the challenges of change, you could ask participants to cross their arms in the way they normally would then quickly uncross them and cross in the other direction:

- How do they feel? Likely they will say strange, uncomfortable, etc.
- Was it easy, hard? Likely they will say they had to think about it and, even then, got confused with the old way.
- What do they want to do (if they haven't already)? They will likely say change back.

Highlight that change is often hard, made even harder with smoking due to addiction.

**Activity No: 2****Resources:**

Option 1: Breakout rooms, **Day 1 Handout 1: Patient statements**

Option 2: Trainer-facilitated group discussion [Appendix 2: suggested trainer responses]

**Breakout room numbers and duration (optional):** 3 participants per group; 10 minutes

**Duration:** 30 minutes

**Method:**

- Advise participants that we are going to focus on applying the general communication skills you have been reviewing together to stop smoking consultations.
- These communication skills are particularly useful to address those 'heart sink' statements that may arise.
- Ask participants to open **Handout 1: Patient statements**. **Patient statements can also be displayed onscreen in breakout rooms during the activity.**
- Advise participants that you are now going to split into **groups of 3 for 10 minutes.**
- Ask participants to discuss, agree on and write down **ONE person-centred response to each of the statements** on their handout. If time is tight provide each group with one or two statements to consider.
- **After the breakout activity has ended**, 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 2: suggested trainer responses (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 patient's understanding of the issue; work with the patient to find a solution.

**12****Stop smoking aids and Initial assessment [13:00 – 16:15]****Duration:** 3 hours, 15 minutes

Time	Agenda	Activity
13:00	Point of admission care: acute management of nicotine withdrawal	–
13:15	Engaging patients in treatment: best practices	–
13:30	Effective use of tobacco dependence medications and aids	3
<b>14:30</b>	<b>Break</b>	–
14:45	Discussing tobacco dependence treatment with patients	4
15:30	Nicotine analogues	–
15:50	Challenging conversations: responding to staff scenarios	5 and 6

**Purpose:**

- To communicate the skills needed to explain stop smoking medications and support effective medication use.
- To provide an understanding of vaping and to communicate the key principles of discussing vaping with patients.
- To provide an overview of analogue medications.
- To practice key skills related to the stop smoking aids and the assessment session.
- To review challenging staff statements and consider appropriate responses.

**Process:**

- Presentation
- Patient story videos [embedded in slides]
- Group discussion
- Skills practice

- Product demonstration

### Resources:

- PowerPoint presentation
- Handout 2: Best practices for tobacco treatment in people with SMI
- Handout 3: Tobacco dependence aids quick reference
- Handout 4: Medications and aids worksheet
- Handout 5: Individualised dosing
- Handout 6: Staff statements
- Trainer: NRT samples for demonstration
- Breakout rooms

### Trainer guidance on medications

Prior to delivering the course, it will be worth viewing the medication pages in the NCSCT *Practitioner Training and Assessment Programme* and the NCSCT online *stop smoking medications* module. It would also be beneficial to review the NCSCT online *Vaping: a guide for healthcare professionals* module.

Please also read relevant briefings on the NCSCT website and the following information regarding medications requiring monitoring following smoking cessation, available here:

[www.sps.nhs.uk/articles/what-are-the-clinically-significant-drug-interactions-with-tobacco-smoking/](http://www.sps.nhs.uk/articles/what-are-the-clinically-significant-drug-interactions-with-tobacco-smoking/)

**Activity No: 3**

**Resources:** Breakout rooms [share slide titled *Tobacco dependence aids: groups and questions* to breakout rooms]

Day 1, Handout 3: Tobacco dependence aids quick reference

Day 1, Handout 4: Medications/aids worksheet

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

**Duration:** 60 minutes

**Method:**

- Advise participants that they will soon split into **groups of 5**
- Each group has **10 minutes** to complete answer the following questions about their allocated NRT product:
  - How would you present this product to a patient with SMI?
  - What barriers might there be for a person with SMI to using this product?

**Instructions to participants:**

- Show the slide that lists participant names and the NRT they have been allocated. The NCSCT training coordinator will share this slide to the breakout rooms.
- Advise participants they can use **Handout 3: Tobacco dependence aids quick reference**, which has information about all tobacco dependence aids, should they need any further guidance.
- Groups have **10 minutes** to answer the questions on the slide in relation to the NRT product they have been allocated.
- **Emphasise that it is the *skills* in giving key information about medication that you want them to focus on.**
- Ask participants to discuss, note down their answers and **nominate one person from their group to give feedback.**

**On return**

- Ask each group in turn to give feedback on their stop smoking medication.
- Use the slides on each NRT as a background to feedback and add anything groups have missed.
- **Trainers should provide an overview of the NRT products that were not allocated as part of this activity.**

**Activity No:** 4 [optional]

**Resources:** Day 1, Handout 5: Individualised dosing

**Breakout room numbers and duration (optional):** pairs or groups of three; 7 minutes

**Duration:** 15 minutes

**Method:**

- Advise participants that they will now, in pairs, have an opportunity to practice discussing stop smoking aids with case studies **Gemma and Michael**.
- One participant will play the practitioner and the other the patient.

**Next slide:**

- Participants should practice the following elements
  - Explain role of NRT and combination NRT, address any concerns
  - Select treatment plan (product and dose)
    - Heaviness of Smoking Index (HSI)
    - History of stopping, past history of medication use
  - Provide instructions for use

**Next slide:**

- Advise participants they will have **7 minutes** for this session.
- Advise participants that trainers will pop into breakout rooms to observe and support skills practice.

**Next slide:**

- Debrief the skills practice using slides the following slides to support debrief in terms of assessing nicotine dependence and individualised dosing for **Gemma and Michael**.
- Ask for general feedback, comments or questions participants have regarding discussing vapes with patients.
  - **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.

**Activity No: 5****Resources:**

Virtual delivery: Jamboard (or chat)

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

**Virtual:** 5–7 minutes for responses and 3 minutes to debrief

**In-person:** 7–10 minutes

**Duration:** 7–10 minutes

**Method for virtual course:**

- Introduce short reflective exercise about what is behind these staff attitude and beliefs
- Provide instruction on how to use the white board (see Appendix 1)
- Ask participants to add to the Jamboard their thoughts on what might be behind these staff attitudes
- Trainer can read aloud a few of the responses as they are posted
- After a few minutes offer some summary comments and move to next slide

**Optional:** This exercise can also be run using the chat, where participants are invited to post to chat their responses.

**Method for in-person course:**

- Introduce short reflective exercise about what is behind these staff attitude and beliefs
- Distribute sticky notes (3–5 to each participant)
- Ask participants to consider what might be behind these staff attitudes and write it down on a sticky note
- Invite participants to stick their note on a location defined by trainer
- Trainer can read aloud a few of the responses as they are posted
- After a few minutes offer some summary comments and move to next slide

**Optional:** This exercise can also be done as a large group discussion with trainer writing down on flip chart or white board responses as they are called out from group.

**Activity No: 6**

**Resources:** Breakout rooms and responding to staff scenarios trainer responses [Appendix 3]

**Breakout room numbers and duration:** Two breakout rooms with half the group in each with one trainer, 20 minutes

**Duration:** 20 minutes

**Method:**

- Advise participants that the group is now going to split into **two breakout rooms** with one trainer in each room for **20 minutes**.
- The trainer will explain what we are going to do when we get into the breakout room

**Breakout room:**

- Ask participants to select a **screen view that ensures everyone** in the session can see each other.
- Participants are going to consider some of the challenging **statements received from staff**.
- **It's important to create a 'safe' environment for participants to feel supported to attempt a response.**
  - Explain that it's OK to get it wrong and we are all here to 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 too.
  - Uncomfortable/threatened inexperienced advisers – allow them to pass to someone who has received that statement before.
- **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 3 – suggested trainer responses – as a reference – for trainer use only]*.

**Debrief notes:**

Listening with empathy to staff and patient feedback, and collecting and reflecting on their opinions after implementing the policy, is important to foster ownership and engagement. However, no staff should face abuse. Around a

quarter of NHS staff have reported harassment, bullying, or abuse from colleagues. TDAs should not tolerate or accept abuse whilst undertaking their duties. They should refer to local bullying and harassment policies as well as 'Freedom to Speak Up' ambassadors and their line-manager/supervisor for support.

Smokefree policies require significant shifts in culture. If new ways of working are to be embedded, it is vital to be clear about the new standards, regularly check they are being achieved, and shine a light on success. When staff are recognised for their work, they will be more likely to repeat this. Competition between teams/services can help raise standards too. TDAs who work closely with quality improvement (QI) teams have extra support for supporting change in practice.

For more information about QI see:

<https://www.health.org.uk/publications/quality-improvement-made-simple>

TDAs can signpost colleagues to the CQC guidance which states that inspectors should not challenge smokefree policies, including bans on tobacco smoking in mental health inpatient services, by raising such policies as unwarranted 'blanket restrictions'

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cqc.org.uk%2Fsites%2Fdefault%2Ffiles%2F2024-01%2F9002497 Brief Guide Smoke Free Policy MH inpatient services.odt &wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cqc.org.uk%2Fsites%2Fdefault%2Ffiles%2F2024-01%2F9002497%2FBrief%2FGuide%2FSmoke%2FFree%2FPolicy%2FMH%2Finpatient%2Fservices.odt&wdOrigin=BROWSELINK)



**17****Review of the day [16:15 – 16:30]**

**Duration:** 15 minutes

Time	Agenda	Activity
16:25	Questions and preparation for day 2	–
<b>16:30</b>	<b>Close</b>	<b>–</b>

**Purpose:**

- To reflect on and explore any questions from day 1 and prepare for day 2.

**Process:**

- Group discussion

**Resources:**

PowerPoint presentation

**[Note: Google Jamboard is being discontinued and will be unavailable from 31 October 2024]**

We recommend using Google Jamboard for virtual post-it note activities. A Jamboard link can be posted in the meeting's chat box which participants can click on to be taken directly to the Jamboard. Whilst you may choose to use an alternative app or software, a brief overview of using Jamboard is provided below.

#### **To set up a Jamboard:**

1. Go to <https://jamboard.google.com/> (you will need to be logged in to a Google account to access this).
2. Click on the multicoloured '+' icon in the bottom right-hand corner.
3. This will create a new 'Untitled Jam'. You can rename the board by clicking on its name in the top left-hand corner.
4. To create a link that you can share with participants, click on the blue 'Share' icon in the top right-hand corner. Under 'General access', ensure that the settings 'Anyone with the link' and 'Editor' have been selected. These settings will allow participants to both access the Jamboard and add their notes to it.
5. Once these settings have been selected, click on 'Copy link'. This will save the link to your clipboard for you to paste.
6. You can return to the Jamboard home page at any point by clicking on the yellow and orange Jamboard logo in the top left-hand corner. From here you can view all of your boards.

#### **Things to consider:**

- Ensure that the links to the Jamboards have been created in advance and are easily accessible to you during the training.
- If you want to test a board you have created, you can clear all the test items from it by clicking 'Clear frame' at the top of the screen. If this is clicked accidentally at any point, the 'Undo' button in the top left corner will bring the content back.
- Recommend to participants that they use the 'Sticky notes' option on the toolbar on the left of the screen to add their comments.
- As responses come in from participants, it may be necessary for one of the trainers or admin support to rearrange the sticky notes to prevent overlap and ensure they are all clearly visible.
- If you encounter any issues with Jamboard, you may be able to find a solution on the support website: <https://support.google.com/jamboard/>.

Suggested trainer responses [for trainer's reference only]

### Statement 1

**"I really do want to give up, but it's just not something I can take on right now."**

- That's great that you are thinking about your smoking and want to give up. It is the best thing you can do to improve your health and recovery.
- It sounds like you have a lot on your plate. Tell me about it.
- Stopping is not easy but with support a lot of patients just like you are able to do so successfully. I'd like to ensure you have the best support – it's just that important.
- How have things been going for you since in hospital? Have you been finding it difficult?
- "The problem with leaving it is that there could never be a good time to stop; but I do understand that there are better times than others?"
- "When do you think would be a good time for you?"
- "What worries you about stopping?"
- "How do you think you might benefit from stopping?"
- Use scaling questions 1-10 for confidence and motivation

When to stop is ultimately the patient's decision. However, the nature of tobacco dependence means that it is not a 'free choice' and using the above questions may help them to explore and clarify their thoughts, feelings and barriers. Focus on periods of being smokefree during admission, with your support and use tobacco dependence aids.

### Statement 2

**"I just don't think I will be able to manage. I find it really helps me cope with stress."**

- Normalise that this is a common concern.
- It sounds like you are under a lot of stress, a lot of people who smoke says it's because it helps them manage stress. Do you feel that way? [Clarify as appropriate the feeling of stress relief experienced by people who smoke.
- Can I give you some information on how nicotine works (to dispel the myth that nicotine can help alleviate stress)?
  - "The good news is that smoking doesn't relieve stress, it's really just that we become addicted to tobacco to get nicotine and so, when we don't have it for a while, we get withdrawals and that feels like stress."
- **Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal.**

- What do you usually find calming? Provide some examples that may help, e.g. deep breathing, walking, talk to someone.

### Statement 3

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

- “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 stop smoking?”
- “There are good and bad times to embark on a stop smoking attempt, how do you feel about stopping at the current time?”
- “The time to stop will always be your decision, but clearly your doctor is concerned about your smoking.”

### Statement 4

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

- [Tell the truth]
- “What makes you interested in that?”
- “Is it important for you to know if I have smoked?”
- “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.”

**or**

- “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.

**Statement 1**

***“Smoking is the least of their problems. Dealing with their mental health illness is the priority.”***

- “Tell me why you think that?”
- “Would you like me to signpost you to some training so that you can have a better understanding about why it is so important?”
- Explain that we have a duty of care to treat the patient for their tobacco dependence and that their physical health and mental health are as important as each other. There is good evidence to show that treating tobacco dependence and becoming smokefree can have significant mental health benefits.

**Statement 2**

***“It’s the only thing they have control over.”***

- Explain the way that tobacco dependence and nicotine addiction work and provide examples of patients that you have supported and how much better they felt taking control of their smoking.

**Statement 3**

***“The patient is violent and aggressive, come back when he is stabilised.”***

- Explain that symptoms of withdrawal can often present as agitation and irritability in patients who are abstaining from smoking and that they may be struggling with urges to smoke. This makes it the ideal time to treat for tobacco dependence and to manage withdrawal with sufficient doses of nicotine via a clean form.
- You can always return another time when the patient is more stable -
- “I can see that you are struggling right now so I will come back another time when you are feeling more settled here and we can have a conversation about how I can help you.”

#### Statement 4

**“It's not our job to be the smoking police.”**

- This attitude is not a very positive one to have. You will want to avoid being confrontational and view it as an opportunity to educate. It will be important to not apologise for the support the tobacco dependence team offers. Noting it is a practice change from the old ways of doing things, but importantly the new standard of care for NHS.
- Staff may need education on the role of a TDA and the importance of treating tobacco dependence as a chronic disease. Information around the focus being supporting patients in the first instance to manage their acute nicotine withdrawal and any urges to smoke so they can focus on their recovery.
- The statement offers the opportunity to communicate the benefits of addressing tobacco dependence with patients offers to the patients' recovery, but also to the staff supporting their care. Finding some time to speak to the staff person or having your senior do so or ensuring educational opportunities are available.

#### Statement 5

**“What is your role exactly?”**

- You can high-light the benefits that you are going to bring for the patient.
- The TDA role is new to the NHS. Some staff will be unaware of what a TDA's role may be so a brief explanation of your role would be helpful to raise awareness of this new discipline.
- “I'm really pleased that you are interested in what my role is!”
- “My role is to make the patient feel more comfortable during their admission and if they want to stop smoking long term, we can provide support and link patients to community based support.”