

Smoking cessation training for foundation year doctors: a positive step towards a smoke-free society

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Introduction

Tobacco smoking is a leading cause of preventable death and disability.¹ Despite a significant decrease in smoking prevalence over recent years, considerable work is required to achieve the government ambition of a smoke-free society in England by 2030.^{2,3} Targeted intervention is required to increase the quit rate among established smokers.¹ Every presentation to a health service represents an opportunity to offer smoking cessation advice and appropriate therapy, with even brief input shown to support a significant factor in initiating a service user's attempt to quit.¹ As such, all healthcare professionals must be adequately trained to provide such support.^{1,4} Many undergraduate medical students do not receive sufficient training in the evidence-based means to facilitate smoking cessation among patients, this continues following qualification with a limited emphasis in many postgraduate curricula.¹ This study assessed the use of practical smoking cessation training, incorporating role-play scenarios, on foundation year doctors' confidence when delivering smoking cessation advice and treatment.

Materials and methods

Smoking cessation training was provided to a cohort of foundation year one doctors (n=18) in a UK teaching hospital. The training included didactic lecture-style learning, small group discussions and role-play scenarios. Quantitative and qualitative data were collected using structured feedback forms and self-reported confidence ratings (1–10) before and immediately following the described training session. Quantitative data were analysed using paired t-test scores, to determine whether a statistically significant difference existed between mean confidence ratings before and after the educational session. Qualitative data were analysed with deductive thematic analysis.

Results and discussion

Over half (55.55%; n=10) of the group received formal training during their undergraduate degree. Despite this, foundation year doctors attributed a lack of awareness, training, and knowledge as perceived barriers to independently offering smoking cessation

advice and prescription of nicotine replacement therapy (NRT) to patients.

A large proportion of the cohort (72.22%; n=13) reported assessing patients' smoking status on a daily or weekly basis. In comparison, the majority (77.77%; n=14) reported rarely or never offering advice, or prescribing NRT to established smokers. Pre-session self-reported confidence ratings demonstrated poor trainee confidence when providing smoking cessation advice (4.44 ± 2.23) or prescribing treatment (4.61 ± 2.17). Following the session, self-reported confidence ratings increased across all areas assessed. Firstly, when providing smoking cessation advice (8.33 ± 1.24): a statistically significant increase of 3.89 (95% confidence interval (CI) 2.84–4.94), $t(17) = 7.8148$, $p < 0.0001$, $d = 0.498$. Secondly, when prescribing treatment (8.64 ± 1.05): a statistically significant increase of 4.03 (95% CI 3.16–4.89; $t(17) = 9.8432$; $p < 0.0001$; $d = 0.409$). The small group, practical and role-play learning style was well received by trainees, who reported that this enhanced awareness and knowledge of the subject matter.

Conclusion

The implementation of smoking cessation training that incorporates a mix of teaching modalities, including role-play scenarios, improves the confidence of foundation year doctors providing advice and treatment to established smokers. Such activity presents a meaningful opportunity to improve newly qualified clinicians' ability to support the quit attempts of their patients, a positive step on the road to a smoke-free society. ■

References

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