

Title of Intervention: Provider Education to Increase Smoking Cessation in Adults

Intervention Strategies: Provider Education

Purpose of the Intervention: To increase cessation among adults who smoke by educating providers

Population: Primary: health care providers in primary care settings; secondary: adult smokers

Setting: Primary care training programs in North Carolina; worksite-based, health care facility-based

Partners: Program administrators and staff

Intervention Description:

- Provider Education: Providers were taught a smoking cessation counseling strategy that could be delivered to patients in 10 minutes or less. The cessation counseling emphasized individualized motivation and advice, assessing obstacles to quitting and addressing them realistically, pharmacological treatments, contracting a quit date and developing a follow-up strategy. The training program had two components: a tutorial consisting of a one-hour, lunch-time seminar followed by a reinforcement session two to four weeks later and a prompt sheet that described smoking cessation counseling. The prompt sheet was attached to the medical records of smoking patients. The tutorial session included slide presentations and lectures on smoking cessation and minimal-contact counseling. Providers were also given handouts and watched videos demonstrating successful counseling interactions. There was a group discussion and evaluation at the end.

Theory: Principles of Adult Education

Resources Required:

- Staff/Volunteers: Facilitators, educators
- Training: Not mentioned
- Technology: Equipment to watch video
- Space: Meeting space
- Budget: Not mentioned
- Intervention: Educational materials, video, slide presentation, prompt sheets
- Evaluation: Questionnaires

Evaluation:

- Design: Randomized controlled trial
- Methods and Measures:
 - Providers completed self-administered questionnaires that requested self report on smoking cessation counseling frequency, content attitude and training.
 - Patients were interviewed using structured questionnaires after they had seen a health care provider to determine their quit rate.

Outcomes:

- Short Term Impact: The self-reported frequencies of smoking cessation counseling increased in the tutorial plus prompt and the tutorial group. Providers receiving the tutorial had a higher use of the counseling techniques and improved efforts to assess patient smoking habits.
- Long Term Impact: Patient quitting rates in the intervention groups were generally higher than those in the control group.

Maintenance: Not mentioned

Lessons Learned: A simple teaching intervention that is easily incorporated into ongoing training increases the use of and improves providers' smoking cessation counseling strategies.

Citation(s):

Strecher, V. J., M. S. O'Malley, et al. (1991). "Can residents be trained to counsel patients about quitting smoking? Results from a randomized trial." *J Gen Intern Med* 6(1): 9-17.

Campbell, E. E., V. G. Villagra, et al. (1991). "Teaching and promoting smoking cessation counseling in primary care residencies: description of a method." *TEACH LEARN MED* 3(1): 20-27.