Welcome
Please stand by. We will begin shortly.

Needs Assessment: Tobacco Dependence Education in Graduate Psychiatric Nursing and Pharmacy Schools

Wednesday, August 28, 2013 · 1pm Eastern Time (75 minutes)

Webinar objectives

• Provide an overview of tobacco use among persons experiencing psychiatric and substance use disorders

• Assess the state of tobacco dependence education for training psychiatric nurses and psychiatric pharmacists in the United States

• Identify at least three available resources to help psychiatric nurses, psychiatric pharmacists, and other providers help patients quit smoking
Moderator

Catherine Saucedo

- Deputy Director, Smoking Cessation Leadership Center, University of California, San Francisco
- csucedo@medicine.ucsf.edu

Agenda

- Welcome
  - Catherine Saucedo, Deputy Director, SCLC, moderator
- Overview
  - Judith J. Prochaska, PhD, MPH
- Presentations
  - Karen S. Hudmon, DrPH, MS, RPh
  - Daryl Sharp, PhD, PMHCNS-BC, NPP
  - Susan W. Blaakman, PhD RN NPP-BC
  - Rhonda Schwindt, DNP, RN
- Questions and Answers
- Closing Remarks

Disclosure: Faculty speakers, moderators, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.
Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on the SCLC website, along with the slides.
- **Send questions to the chat box** at any time for the presenters.

Needs Assessment: Tobacco Dependence Education in Graduate Psychiatric Nursing and Pharmacy Schools

**Presenters**

- **Judith J. Prochaska, PhD, MPH**, Associate Professor of Medicine, Stanford Prevention Research Center, Department of Medicine, Stanford University
- **Karen S. Hudmon, DrPH, MS, RPh**, Professor and Associate Head for Operations, Department of Pharmacy Practice, Purdue University College of Pharmacy
- **Daryl Sharp, PhD, PMHCNS-BC, NPP**, Associate Dean for Faculty Development & Diversity in the School of Nursing, Professor of Clinical Nursing & in the Center for Community Health, University of Rochester
- **Susan W. Blaakman, PhD RN NPP-BC**, Associate Professor of Clinical Nursing, Specialty Director, Family PMHNP Program, University of Rochester
- **Rhonda Schwindt, DNP, RN**, Clinical Assistant Professor, Department of Community & Health School of Nursing, Indiana University
Today’s speaker

Judith J. Prochaska, PhD, MPH
• Associate Professor of Medicine, Stanford Prevention Research Center, Department of Medicine, Stanford University

Attention to Tobacco in Psychiatric Practice & Training: What is Needed?

Judith J. Prochaska, PhD, MPH
Associate Professor of Medicine
Stanford Prevention Research Center

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2010 NHIS. Estimates since 1992 include some-day smoking.

- **Male**: 21.6% in 2011
- **Female**: 16.5% in 2011

19% of adults are current smokers.

70% want to quit.

**SMOKING PREVALENCE by PSYCHIATRIC DIAGNOSIS**

- None: 22.5%
- History: 34.8%
- Active: 41.0%

Source: Lasser et al., 2000 JAMA

National Comorbidity Survey 1991-1992

Panic Disorder
PTSD
GAD
Dysthymia
Major Depression
Bipolar Disorder
Nonaffect Psychosis
ASPD
Alcohol Abuse/Dep
Drug abuse/dep
SMOKING & MENTAL ILLNESS:

% Current Smokers

National Comorbidity Survey, Lasser et al. JAMA 2000
Healthcare for Communities Survey, Ong et al. AJPH 2010
National Survey of American Life, Hickman et al. NTR 2010
CDC Vital Signs, MMWR, 2012

SMOKING in PSYCHIATRY:
ADULTS in SAN FRANCISCO, CA

Cigarettes/day

County Psych
Private Psych
Private Psych Out

M(SD)

60%
45% 21 (15)
28% 17 (12)
14% 15

Acton, Prochaska, Kaplan, Small & Hall. (2001) Addict Behav
**Tobacco Kills**

- Individuals with mental illness die, on average, 25 years prematurely (Colton & Manderscheid, 2006)
- Elevated risk for respiratory and cardiovascular diseases and cancer, compared to age-matched controls (Brown et al., 2000; Bruce et al., 1994; Dalton et al., 2002; Himelhoch et al., 2004; Lichtermann et al., 2001; Sokal, 2004).
- Current tobacco use is predictive of future suicidal behavior, independent of depressive symptoms, prior suicidal acts, and other substance use (Breslau et al., 2005; Oquendo et al., 2004, Potkin et al., 2003).

**COMPARATIVE CAUSES of ANNUAL DEATHS in the UNITED STATES**

Source: CDC
PHARMACOKINETIC DRUG INTERACTIONS with SMOKING

Drugs that may have a decreased effect due to induction of CYP1A2:

- Caffeine
- Clozapine (Clozaril™)
- Fluvoxamine (Luvox™)
- Haloperidol (Haldol™)
- Olanzapine (Zyprexa™)
- Phenothiazines (Thorazine, Triafon, Prolixin, etc.)
- Propanolol
- Tertiary TCAs / cyclobenzaprine (Flexane™)
- Thiothixene (Navane™)
- Other medications: estradiol, mexiletene, naproxen, phenacetin, nitrofuril, ropinirole, tacrine, theophyline, verapamil, r-warfarin (less active), zolmitriptan

Smoking cessation may reverse the effect.

MAJOR TARGET MARKET

Schizophrenic.

- Estimates that 44% to 46% of cigarettes consumed in US by smokers with psychiatric or addictive disorders (Lasser, 2000; Grant, 2002)
- 175 billion cigarettes and $39 billion in annual tobacco sales (USDA, 2004)
BEHAVIOR DURING THE INTERVIEW

Should the therapist smoke during the interview? Why not? It will help drain the small amount of undischarged tension which is always present during an interview, and it contributes to the naturalness of his behavior.

These 3 studies, plus the remaining 3 planned for next year promise to bear fruitful findings. It is particularly interesting that the psychiatrists, who are medical professionals, are very aware of the role of tobacco use in patients and are very interested in these studies. If tobacco can be shown to be an efficient form of "self-medication" for these patients then this would be significant bonus for the tobacco industry.
I am writing to request a donation of cigarettes for long-term psychiatric patients... because of recent changes in the DHHS regulations, Saint Elizabeth Hospital can no longer purchase cigarettes for them. Over the years the hospital provided tobacco and occasionally cigarettes for these patients. Many became strongly addicted and in fact linked upon smoking as their greatest (and often their only) pleasure. Recent changes in Department of Human Services regulations and their enforcement effectively terminated the hospital's practice of providing a modest number of cigarettes to these patients who have no habit with which to purchase their own. Of our 240 patients, approximately 100 are in this category. The result has been nicotine withdrawal (which can be very unpleasant) and the loss of one of the greatest pleasures for patients who are very few, if any, alternatives. Most of the staff have been providing patients with cigarettes out of their own pocket, but this gets us...

I am therefore requesting a donation of approximately 5,000 cigarettes a week (8 per day for each of the 100 patients without funds).

Sincerely yours,

[Signature]

E. Fuller Torrey, M.D.
Medical Director
A. P. Hayes Division

--

Laurence Tilton
Tilton's Log Cabin
P.O. Box 537
Skowhegan, ME 04976

March 31, 1991

Dear Larry:

This letter is to inform you that the smoking in restaurants bill (LD 543) is now set for hearing on Wednesday, April 1, 1990, at 7:30 p.m. at the State House in Augusta. In fact, the following smoking bills also have been set for hearings on that day:

LD 463 - An Act to Exempt Substance Abuse and Psychiatric Patients from the Prohibition against Smoking in Hospitals

3. LD 543 - An Act to Ban Smoking in Laundromats
4. LD 612 - An Act to Amend the Law Concerning Smoking in Restaurants
5. LD 1124 - An Act to Protect Citizens from the Effects of Environmental Tobacco Smoke

With the above bills all scheduled on one day, it is difficult to know when some may be heard. It is vital that you, or a representative, attend the hearing to speak in the legislation and we would appreciate it if you would either give me a call or my legislative, Susan Mitchell.

Thank you.

Kind regards,

JON N. DOYLE

[Signature]
**HOSPITAL SMOKING BANS**

**THE WALL STREET JOURNAL**

Tuesday, October 11, 1994

**Mental Patients Fight to Smoke When They Are in the Hospital**

"It’s one of the very few pleasures that schizophrenics and people with major depressions have," says Elinor Kowz, a 75-year-old manic New York teacher who organized a tidal wave of letters and petitions to the Joint Commission. She says Mrs. Kowz’s crusade is backed by the National Alliance for the Mentally Ill, an influential advocacy group of patients and their families. The group says it hasn’t had any contact with the tobacco industry.

**The New York Times**

Sunday, February 19, 1995

JCAHO ultimately “yielded to massive pressure from mental patients and their families, relaxing a policy that called on hospitals to ban smoking.”

**TOBACCO BANS & STATE PSYCHIATRIC HOSPITALS (2005-2011)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage Smoke Free</th>
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<tbody>
<tr>
<td>2005</td>
<td>55%</td>
</tr>
<tr>
<td>2006</td>
<td>82%</td>
</tr>
<tr>
<td>2008</td>
<td>75%</td>
</tr>
<tr>
<td>2011</td>
<td>80%</td>
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</table>

Response Rate: 2005 - 55%, 2006 - 82%, 2008 - 75%, 2011 - 80%
**SMOKING BAN ≠ TREATMENT**

- Langley Porter, 100% smokefree since 1988
- **N=100 smokers**
- 70% used NRT during hospitalization
- 1 patient had tobacco on their treatment plan
- 2 were advised to quit smoking
- 3 received a DSM-IV diagnosis of Nicotine Dependence or Withdrawal
- 4 were provided NRT at discharge


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**RETURN to SMOKING: SMOKE-FREE ACUTE PSYCH HOSPITAL**

2006 AAMC Practice Survey: Psychiatrists

- **62%** Ask about tobacco & Advise to quit
- **44%** Assess readiness to quit
- **13-23%** Assist
  - NRT (23%), other Rx (20%), cessation materials (13%)
- **14%** Arrange follow up
- **11%** Refer to others

Psychiatrists least likely to address tobacco use with their patients relative to other specialties (family medicine, internal medicine, OB/GYN)

SMOKERS with BIPOLAR DISORDER: ONLINE SURVEY (N=685)

* Few reported a psychiatrist (27%), therapist (18%), or case manager (6%) ever advised them to quit smoking

Several reported *discouragement to quit* from mental health providers

Prochaska, Reyes, Schroeder, et al. (2011). Bipolar Disorders
Top Barriers to Treating Tobacco
2006 AAMC Survey with 701 Psychiatrists

- 89% -- Patients not motivated to quit
- 83% -- More acute problems to address
- 80% -- Few cessation programs available
- 75% -- Patients usually fail to quit
- 72% -- Other practice priorities
- 65% -- Staff are unfamiliar with tobacco treatments
- 61% -- Limited time with patients
- 58% -- Lack of provider knowledge in tobacco cessation

Just as Ready to Quit Smoking as the General Population

- General Population
  - Intend to quit in next 6 mo: 40%
  - Intend to quit in next 30 days: 20%

- General Psych Outpts
  - Intend to quit in next 6 mo: 43%
  - Intend to quit in next 30 days: 28%

- Depressed Outpatients
  - Intend to quit in next 6 mo: 55%
  - Intend to quit in next 30 days: 24%

- Psych. Inpatients
  - Intend to quit in next 6 mo: 41%
  - Intend to quit in next 30 days: 24%

- Methadone Clients
  - Intend to quit in next 6 mo: 48%
  - Intend to quit in next 30 days: 22%

* No relationship between psychiatric symptom severity and readiness to quit
TREATING DEPRESSED OUTPATIENTS & PSYCHIATRIC INPATIENTS

* Efficacious for smokers with clinical depression (N=322)
* Efficacious for smokers hospitalized for severe mental illness (N=224)
* Comparable quitting to general population
* No harm to mental health recovery
* Comparable effects in a diverse sample (N=100)

Hall et al. (2006) AJPH; Prochaska et al. (2008) AJPH; Prochaska et al. (2013) AJPH

Addressing Barriers to Treating Tobacco in Psychiatry

• Psychiatric patients are motivated to quit smoking
• Tobacco use is deadly and relevant to psychiatric care
• Cessation programs and brief referrals are available
• Psychiatric patients can quit smoking and without harm to their mental health recovery or sobriety
• Training programs exist, are being disseminated, and have been well received
Today’s speaker

Karen S. Hudmon, DrPH, MS, RPh
- Professor and Associate Head for Operations, Department of Pharmacy Practice, College of Pharmacy, Purdue University

Rx for Change:
A Shared Resource for Tobacco Cessation Training

Karen S. Hudmon, Dr.P.H., M.S., R.Ph.
Professor, Purdue University College of Pharmacy
Research Affiliate, Yale University School of Public Health
Assistant Clinical Professor, UCSF School of Pharmacy
Meta-Analysis: Estimated Abstinence and ORs, Clinician Interventions

<table>
<thead>
<tr>
<th>Type of clinician</th>
<th>Estimated abstinence At 5+ months</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No clinician</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td>1.1 (0.9,1.3)</td>
<td></td>
</tr>
<tr>
<td>Non-physician clinician</td>
<td>1.7 (1.3,2.1)</td>
<td></td>
</tr>
<tr>
<td>Physician clinician</td>
<td>2.2 (1.5,3.2)</td>
<td></td>
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</tbody>
</table>

n = 29 studies

Tobacco Cessation: Intervention Options for Clinicians

- Do nothing
- Minimal intervention
  - Ask, Advise, Refer
- The 5 A’s approach
  - Comprehensive tobacco cessation counseling, with follow-up

Are clinicians trained to help patients quit smoking? Are clinicians interested in helping patients quit smoking?

Tobacco Content in Pharmacy School Curricula

- National survey, 98.8% response (n=82)
- Median, 170 total min of required tobacco content during 3–5 years of pharmacy training
- Most heavily emphasized topics:
  - Aids for Quitting
  - Assisting Patients with Quitting
  - Pharmacology of Nicotine & Principles of Addiction
  - Drug Interactions with Smoking

Licensed Pharmacists’ Training for Cessation (n=1,168)

- Fewer than 9% have received formal training
- 88% are interested in receiving training
- 93% believe it will improve the quality of their counseling
- 70% believe it will increase the number of patients whom they counsel

Training is associated with counseling. Self-efficacy is more important than training.


Training Current and Future Clinicians

R for Change
Clinician-assisted tobacco cessation

Welcome to Rx for Change!

Rx for Change: Clinician-Assisted Tobacco Cessation is a comprehensive tobacco cessation training program that equips health professional students and practicing clinicians, of all disciplines, with evidence-based knowledge and skills for assisting patients with quitting. Our program draws heavily from the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence. In that it advocates delivery of tailored behavioral counseling interventions in conjunction with pharmacotherapy. We address all forms of tobacco, not just cigarettes, and our materials focus on counseling all patients—regardless of their readiness to quit. All materials have undergone extensive external review by key experts in the field.

Learn more about the Rx for Change program. We have seven available versions:

1. the S.A.'s (comprehensive counseling)
2. Ask-Adviser-Brief (brief counseling)
3. Psychiatry
4. Critical Care Providers
5. Cardiology Providers
6. Mental Health Peer Counselors
7. Surgical Providers

In addition, we offer a Spanish language version.

Rx for Change: Faculty Participant Perceptions

Compatibility for integration
Comprehensiveness of content
Appropriateness of teaching methods
Confidence in skills for teaching RxFC
Likelihood of adoption in upcoming yr

Percent of total responses
N=191 faculty
PHARMACY SCHOOLS: Implementation

- 69 of 85 schools implemented (81%)
- Median, 270 minutes of tobacco education
  - 100 minutes (59%) over baseline (2001–02)
- Nearly 8,000 students were exposed to all or portions of the program
- 89% integrated the program materials into the core (required) curriculum

Pharmacy is the only discipline that has attempted systematic, nationwide integration of tobacco education in the core curriculum.

Rx for Change: Web-site Utilization

Versions available:
- 5 A's (comprehensive counseling)
- Ask–Advise–Refer (brief counseling)
- Psychiatry
- Cancer Care Providers
- Cardiology Providers
- Mental Health Peer Counselors
- Surgical Providers

97 new users register on the site each month. Users represent 46 countries and all 50 U.S. states.
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Rx for Change: Initiatives in Academic Programs

- Pharmacy: UCSF/Purdue
- Nursing: Georgetown Univ. (Janie Heath)
- Psychiatry: Western U.S. (Jodi Prochaska)
- Baseline surveys:
  - Physician Assistant programs
  - Respiratory Care programs
  - GlaxoSmithKline
  - Dental schools, health systems, other

Many other initiatives have focused on licensed clinicians.

Rx for Change: Goals

- Provide widespread access to evidence-based training tools for all disciplines
  - Health professional students
  - Licensed clinicians
- Updated frequently
- Available at no cost
- Remain free of pharmaceutical industry influence and bias
- 1999 – ???
Today’s speaker

Daryl Sharp, PhD, PMHCNS-BC, NPP
• Associate Dean for Faculty Development & Diversity in the School of Nursing, Professor of Clinical Nursing & in the Center for Community Health, University of Rochester

Today’s speaker

Susan W. Blaakman, PhD, RN NPP-BC
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Rhonda Schwindt, DNP, RN
- Clinical Assistant Professor, Department of Community & Health School of Nursing, Indiana University

“Needs Assessment: Tobacco Dependence Education in Graduate Psychiatric Nursing and Pharmacy Schools”

August 28, 2013
State of Tobacco Dependence Education in Nursing Curricula

University of Rochester:
Daryl Sharp & Susan Blaakman
Indiana University:
Rhonda Schwindt

Drs. Sharp, Blaakman & Schwindt have no conflicts of interest to disclose.

THANK YOU!!!

- SCLC for sponsoring this webinar today.
- All of you for joining us in this conversation, so we can learn more from you about where to go from here to improve formal tobacco dependence education.
**Objectives**

- Review the literature pertinent to tobacco education and nursing curricula
- Describe national tobacco dependence survey data (American Psychiatric Nurses Association, 2008 and 2012)
- Identify probable reasons behind why there is so little tobacco dependence content in PMH nursing curricula
- Engage webinar participants in discussion

**LITERATURE REVIEW**

Tobacco Education & Nursing Curricula

- Most BSN nursing programs devote less than 2 hours of teaching time to tobacco use & dependence (many offer less than 1 hour) (Heath & Crowell, 2007; Sama et al., 2009; Sharp, Blaakman et al., 2009).
- Few offer material on clinical cessation techniques or require any clinical experience (Hornberger & Edwards, 2004; Wewers, Kidd, Ambruster, & Sama, 2004; Sama et al., 2009).
- Rarely a required component of nursing curricula (Heath & Crowell, 2007; Sama et al., 2009; Sharp, Blaakman et al., 2009).
- Mental health professionals (including psychiatric nurses) report that their educational programs did not prepare them to provide tobacco treatment (Williams et al., 2009).
- Nurses that are less knowledgeable are less confident and thus less motivated to intervene with their clients who smoke (Sharp, Blaakman et al., 2009).
- Educational programs offer an ideal time to provide training in tobacco dependence treatment (Clark, McCann, Rowe, & Lazenbatt, 2004).
LITERATURE REVIEW
Knowledge, Attitudes, & Practices

• Vast majority of nurses do not engage in tobacco cessation interventions & few consider it a priority (Sharp, Blaakman et al., 2009).
• Nurses at all practice levels frequently fail to progress beyond advising their clients to quit and few offer any advice to their clients who smoke (Fiore et al., 2008).
• Psychiatric nurses with higher levels of self-reported confidence and motivation are more likely to engage in cessation interventions &/or refer their clients to cessation resources (Sharp, Blaakman et al., 2009).
• Tobacco education holds forth the promise of short-term positive effects (lack of long-term follow-up) (Kelley et al., 2006; Sheffer et al., 2010; J. Williams et al., 2009).
• Absence of standardized format or curriculum for training healthcare providers (Barta & Stacy, 2005; Kelley et al., 2006; Kerr et al., 2011; Prochaska et al., 2008; Sheffer et al., 2010; Sohn et al., 2011; Williams, J. M., et al., 2009).

APNA Tobacco Dependence Survey
2008 & 2012

• Design: Cross sectional analysis of 29-item online survey; 40-items in 2012
• Sample: APNA members accessible by email
• Measures: Anonymous, Survey Monkey
  – 10-15 minute completion time
  – 2008, 2 email reminders;
  – 2012, 3 email reminders + Member Bridge/conference

(Sharp, Blaakman et al., 2009)
### 2008

4000 emailed; 1365 responded  
- 31.6% response rate

- 45% > 20 yrs PMH RN; 17.2% < 5 yrs
- 35% BSN; 54.5% MS; 9.6% PhD/DNP
- 23% Staff RN; 32.4% APN; 17.3% Faculty
- 42.8% Inpatient; 33% Outpatient; 17.3% Faculty

(Sharp, Blaakman et al., 2009)

### 2012

7500 emailed; 1061 responded  
- 14% response rate

- 45% > 20 yrs PMH RN; 24% ≤ 5 yrs
- 22% BSN; 53% MS; 12% PhD/DNP/DNSc
- 28% Staff RN; 47% APN; 23% Faculty
- 42% Inpatient; 32% Outpatient; 11% College/University

(*data not yet published)

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### Nurses’ Smoking Status

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-smoker</th>
<th>Smoker</th>
<th>Former Smoker</th>
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<tbody>
<tr>
<td>2008</td>
<td>40%</td>
<td>5%</td>
<td>53%</td>
</tr>
<tr>
<td>2012</td>
<td>53%</td>
<td>5%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Smoke-Free Workplace

2008
- No: 18%
- Yes: 82%

2012
- No: 14%
- Yes: 86%

Necessary Part of Recovery from MI or Addictive Disorders?

2008
- No: 27%
- Yes: 73%

2012
- No: 22%
- Yes: 78%
Hours Spent on Tobacco Dependence: Undergraduate Curricula

2008

2012

Hours Spent on Tobacco Dependence: Graduate Curricula

2008

2012
Findings/Implications

• Nurses reported relatively high knowledge (meds, counseling, resources) but lacked confidence in ability to help & in clients’ abilities to reduce/quit smoking

• Nurses asked & advised but did not consistently refer or provide intensive interventions

• Nurses less likely to intervene if not confident*  
  (Sharp, Blaakman et al., 2009)
Findings/Implications

- Tobacco dependence education including strategies to enhance motivation needed to enhance nurses’ efficacy/confidence

- Respondents more likely interested in topic but ¼ did not rate it as a work priority

- *Per NASMHPD (Mauer, 2008): Cardiac deaths outnumber suicides among those with mental illness but smoking assessment/intervention less likely to be routine*

  (Sharp, Blaakman et al., 2009)

Findings/Implications

- Increasing value of tobacco dependence interventions is vital to support wellness/recovery & denormalization efforts

- Workplace values impact nurses

- *We must work collaboratively to strengthen our intervention skills and public voices to advocate for smoking cessation among ourselves & those entrusted to our care*

  (Sharp, Blaakman et al., 2009)
Why so little TD content in graduate PMH nursing curricula?

• Too much other content to cover
• Not required on certification exams
• Not adequately linked to master’s essentials, NONPF NP core competencies, NLN nurse educator core competencies, PMHNP scope & standards
• Faculty underskilled to teach
  • Is this right? What is missing? How do we address?

Priorities/Future Directions

Focus on nursing education:

What do YOU think…??
What we can do

- “If we are going to be part of the solution, we have to let go of the idea that change doesn’t happen unless we’re around to see it.”

- “We matter and we don’t; what each of us does may not seem like much, because in important ways, it isn’t much. But when many people do this work together they can form a critical mass that is anything but insignificant, especially in the long run.”

(Johnson, 2006, p.131-132)

Questions and answers

- Feel free to submit questions via the chat box
Contact SCLC for technical assistance

![Image of a person stopping blocks from falling]

Thanks to the support of SAMHSA, free CME/CEUs of up to 1.25 credits are available to all attendees.

Instructions will be emailed after the webinar.

Visit us online
- [http://smokingcessationleadership.ucsf.edu](http://smokingcessationleadership.ucsf.edu)

Call us toll-free
- 1-877-509-3786

Closing remarks

- Please help us by completing the post-webinar survey.
- Thank you for your continued efforts to combat tobacco.
- Stayed tuned for SCLC’s next webinar on Tuesday, September 24th at 2pm ET, “8 and Counting: SAMHSA State Summits for Smoking Cessation Foster Change.”
## Poll Questions

1. Are you a faculty member at:

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Total %</th>
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<tbody>
<tr>
<td>A graduate psychiatric nursing program</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Psychiatric residency program</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>School of pharmacy</td>
<td>12</td>
<td>32%</td>
</tr>
<tr>
<td>Other:</td>
<td>8</td>
<td>21%</td>
</tr>
<tr>
<td>Not a faculty member</td>
<td>13</td>
<td>34%</td>
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2. About how many hours of tobacco cessation training does your program provide?

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Total %</th>
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<tbody>
<tr>
<td>0 hours</td>
<td>10</td>
<td>22%</td>
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<tr>
<td>1-2 hours</td>
<td>16</td>
<td>36%</td>
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<tr>
<td>3-4 hours</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>5-6 hours</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>More than 6 hours</td>
<td>9</td>
<td>20%</td>
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3. Do you cover pharmacotherapy for treating tobacco dependence in your curriculum?

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<th></th>
<th>Total Number</th>
<th>Total %</th>
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<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>73%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>27%</td>
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4. Do you cover counseling re: tobacco dependence treatment in your curriculum?

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<th></th>
<th>Total Number</th>
<th>Total %</th>
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<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>83%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>17%</td>
</tr>
</tbody>
</table>
Poll Questions

5. What do you perceive to be the primary barrier to implementing tobacco education at your institution?

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty is very busy and pulled in several directions</td>
<td>6</td>
</tr>
<tr>
<td>Finding class time to incorporate the training</td>
<td>16</td>
</tr>
<tr>
<td>Organization of the material and the time and resources to incorporate it into the curriculum</td>
<td>7</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>3</td>
</tr>
<tr>
<td>Unsure at this time</td>
<td>13</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

6. How interested would you be in having your school participate in a dissemination grant to increase attention to tobacco use in psychiatry training programs?

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count me in!</td>
<td>22</td>
</tr>
<tr>
<td>A little</td>
<td>10</td>
</tr>
<tr>
<td>Not sure</td>
<td>9</td>
</tr>
<tr>
<td>Not very</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>3</td>
</tr>
</tbody>
</table>