Smoking cessation brief intervention training:  
For health professionals in cancer services 
Facilitator guide 

SHPN: (CI) 190596 

Publisher 
This work was developed by the Cancer Council NSW, on behalf of the Cancer Institute NSW. 

Cancer Institute NSW 
Level 9, 8 Central Avenue 
Australian Technology Park 
Eveleigh NSW 2015 
PO Box 41, Alexandria NSW 1435 
T: (02) 8374 5600 
F: (02) 8374 5700 
W: cancer.nsw.gov.au 
E: CINSW-prevention@health.nsw.gov.au (emails sent to this address are forwarded to the appropriate person for action) 

© Cancer Institute NSW 2019 
This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Cancer Institute NSW. 

CI-0210-09.19
Contents

About this guide ........................................................................................................................................... 4

About the smoking cessation brief intervention training for health professionals ........ 4

Objectives ............................................................................................................................................. 4

Who is the training for? ............................................................................................................................... 4

Who can facilitate this training? .................................................................................................................. 4

Time to deliver the training session ............................................................................................................. 4

Delivery mode ......................................................................................................................................... 6

Training set-up ....................................................................................................................................... 6

Materials and resources needed .................................................................................................................. 6

Support and feedback ................................................................................................................................. 7

Health professionals’ module content ......................................................................................................... 8

Welcome and introduction [2 minutes] ........................................................................................................ 8

Slide 2: Training objectives .......................................................................................................................... 9

Section 1: Why deliver smoking cessation interventions to people with cancer? [12 minutes] ............................................................................................................................................... 10

Slide 4: The benefits of quitting tobacco use after a cancer diagnosis ...................................................... 11

Slide 5: Risks of continued tobacco use after a cancer diagnosis ................................................................. 12

Slide 6: Your role in smoking cessation for patients in cancer services ..................................................... 13

Section 2: Delivering the 3As Brief Intervention [18 minutes] ................................................................... 14

Slide 8: What is a brief intervention? ............................................................................................................. 15

Slide 9: The 3As model .................................................................................................................................. 16

Slide 10: Step 1 – ASK ................................................................................................................................... 18

Slide 11: How to ask the question .................................................................................................................. 19

Slide 12: Step 2: ADVISE .............................................................................................................................. 20

Slide 13: ADVISE: What to say .................................................................................................................... 21

Slide 14: Personalising the advice ................................................................................................................ 23

Slide 15: Smoking cessation for patients who are palliative ....................................................................... 24

Slide 16: Step 3 – ACT ................................................................................................................................... 25

Slide 17: Routine referral to Quitline ........................................................................................................... 26

Slide 18: Delivering the 3A’s Brief Intervention ........................................................................................... 27

Slide 19: Brief intervention video ................................................................................................................ 28

Section 3: Quitline referrals [8 minutes] ..................................................................................................... 29

Slide 21: Routine referral to the Quitline ...................................................................................................... 30

Slide 22: Routine referral to Quitline ........................................................................................................... 31

Slide 23: Overcoming the barriers to Quitline referral .................................................................................. 32

Slide 24: The Quitline referral process ....................................................................................................... 33
### Section 4: Smoking cessation aids [7 minutes]

- Slide 28: Smoking cessation aids
- Slide 29: Carbon monoxide monitors
- Slide 30: Using a carbon monoxide monitor
- Slide 31: Nicotine replacement therapy (NRT)
- Slide 32: Using NRT

### Section 5: Skills practice – delivering the 3As Brief Intervention [11 minutes]

- Slide 34: Case studies
- Slide 35: Recap of 3As
- Slide 36: Skills review
- Slide 37: Case study 1 – Jim
- Slide 38: Case study 2 – Julie

### Summary [2 minutes]

- Slide 39: Learning review
- Slide 40: Actions and evaluation
About this guide
This facilitator guide was developed to support Smoking Cessation in Cancer Services Champions to deliver the 3As smoking cessation brief intervention training to health professionals in cancer services.

This training has been developed as part of the Smoking Cessation in Cancer Services Project being delivered across NSW by the Cancer Institute NSW.

The facilitator guide is designed to be read in conjunction with the accompanying PowerPoint presentation.

The guide begins with some general advice and information about delivering the training to health professionals, followed by a more detailed outline and discussion about each of the presentation slides. The facilitator guide includes the following:

- Facilitator instruction: Administrative guidance for the facilitator.
- Facilitator notes: Suggested content and key messages for verbal delivery by the facilitator.
- Activities: Optional activities and group discussion points.

About the smoking cessation brief intervention training for health professionals

Objectives
By the end of this module, participants will be able to:

- conduct a smoking cessation brief intervention using the 3As model
- confidently discuss the benefits of smoking cessation for people with cancer.

Who is the training for?
This training is for health professionals working in NSW cancer services.

Who can facilitate this training?
This training can be facilitated by health professionals in NSW Cancer Services who have attended the one-day ‘Smoking Cessation Champions’ train the trainer program.

Time to deliver the training session
This training has a modular structure, making it easier to tailor the training to meet different schedules and environments.
The whole training will take up to one hour to deliver. However, each section can be delivered independently to accommodate clinical workloads.

There are five sections: sections 1-3 (highlighted) are the most important content. Timing is provided for each section, indicating how long it takes to deliver the content.

<table>
<thead>
<tr>
<th>Session</th>
<th>Duration</th>
<th>Order of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and introduction</td>
<td>2 min</td>
<td></td>
</tr>
<tr>
<td><strong>Section 1: Why deliver smoking cessation interventions to people with cancer</strong></td>
<td>12 mins</td>
<td>1</td>
</tr>
<tr>
<td>• Benefits of quitting tobacco use after a cancer diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Risks of continuing to use tobacco after a cancer diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Your role in smoking cessation for people with cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 2: Delivering the 3As Brief Intervention</strong></td>
<td>18 mins</td>
<td>2</td>
</tr>
<tr>
<td>• What is a brief intervention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Step 1: Ask</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Step 2: Advise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Step 3: Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Delivering the 3As Brief Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The 3s Model – video (optional; requires internet connection and screen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 3: Quitline referrals</strong></td>
<td>8 mins</td>
<td>3</td>
</tr>
<tr>
<td>• Making a routine referral to the Quitline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Overcoming barriers to Quitline referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Quitline referral process and form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quitline support</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 4: Smoking cessation aids</strong></td>
<td>7 mins</td>
<td>4</td>
</tr>
<tr>
<td>• Introducing smoking cessation aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Carbon monoxide monitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nicotine replacement therapies</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 5: Skills practice – delivering the 3As Brief Intervention</strong></td>
<td>11 mins</td>
<td>5</td>
</tr>
<tr>
<td>• Skills practice: Case studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 6: Summary</strong></td>
<td>2 mins</td>
<td></td>
</tr>
<tr>
<td>• Learning review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Next steps and evaluation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Delivery mode

Health professional training sessions are designed to be delivered flexibly in a number of different settings and contexts.

Training set-up

This training can be delivered in any convenient clinical setting. A PowerPoint presentation accompanies the training, but it can be delivered without it if a screen is not available. Alternatively, facilitators can print out the slides for participants.

Please note that images of the PowerPoint slides and slide numbers appear next to each section in this Guide. You can use these as a guide for training if you are not using the PowerPoint presentation.

Materials and resources needed

Champions training pack

Champions facilitating this training have been provided with a training pack containing the following:

- Facilitator guide: Smoking cessation brief intervention training for health professionals in cancer services
- Preloaded USB including PowerPoint presentations
- Patient journey map (where applicable)
- Evaluation survey
- Attendance sheet

Fact sheets

- *The Clinical Case for Smoking Cessation for People with Cancer – Staff Information*
- *NSW Health Quick Guide to Nicotine Replacement Therapy (NRT)*
- *Smoking Cessation Brief Interventions for Cancer Services*
- *Using a Carbon Monoxide Monitor*

Additional handouts

- Smoking cessation brochure for patients
- Quitline referral cards
Optional resources

The key resources for delivering this training are the Facilitator Guide and the printed handouts listed above. The following optional resources would be helpful, if available:

- Computer/laptop and screen
- USB containing PowerPoint presentation
- Internet connection for playing video content
- Whiteboard/flipchart and marker pens
- Carbon monoxide monitors

Please note: Quitline referral pads have been delivered to each cancer centre. If paper-based referral forms will be used within your service, you will need to be aware of where these are located so that this can be communicated to cancer service health professionals.

Support and feedback

You will find a reference list at the end of this guide to help answer participant questions.

If questions arise during the training that are not answered by the Facilitator guide, please contact the Cancer Institute NSW for extra support. You can arrange for a team member to support you to deliver this training.

For all extra support, please contact the Prevention team at the Cancer Institute NSW:

Telephone: 02 8374 5600

Email: CINSW-PreventionTeam@health.nsw.gov.au
Health professionals’ module content

Welcome and introduction [2 minutes]

Facilitator instructions [1 minute]

- Welcome the group to the session
- acknowledgement of country
- ensure attendance form is signed
- advise participants there will be an evaluation form at the end of the training.
Slide 2: Training objectives

Welcome

Session objective

By the end of this session, participants will be able to confidently conduct a smoking cessation brief intervention, using the 3As model.

Facilitator notes [1 minute]

- At the end of this session, you will be able to:
  1. conduct a smoking cessation brief intervention using the 3As model
  2. confidently discuss the benefits of smoking cessation for people with cancer.
- This training is part of the Smoking Cessation in Cancer Services project, which is based on strong evidence that smoking cessation after a cancer diagnosis significantly improves treatment outcomes.
- Helping your patients to quit smoking can make a big difference to their prognosis.
Section 1: Why deliver smoking cessation interventions to people with cancer? [12 minutes]

Learning objectives to be addressed:

- Understand why smoking cessation for patients in cancer services is important.
Slide 4: The benefits of quitting tobacco use after a cancer diagnosis

Benefits of quitting tobacco use after a cancer diagnosis

- Improves physical symptoms
- Improves chances of survival
- Reduces cancer treatment-related complications
- Improves anti-cancer drug effectiveness
- Improves treatment outcomes
- Improves post-surgery healing

References


Facilitator instructions [5 minutes]

- **Ask participants:** Do you think there are benefits to quitting smoking after a cancer diagnosis?

- Have a brief discussion about the benefits they suggest.

- **Talk about** the benefits on the slide.
  
  o The references for each statement are included in the research list at the end of this Facilitator guide.

- **Hand out** *The Clinical Case for Smoking Cessation for People with Cancer – Staff Information* fact sheets.
Slide 5: Risks of continued tobacco use after a cancer diagnosis

**The risks of continued tobacco use after a cancer diagnosis**

- The cancer can become more aggressive\(^1,2\)
- Increases the risk of the cancer spreading (metastasis)\(^1\)
- Increases the risk of second primary cancer\(^1\)
- 61% increase in cancer-related mortality\(^1\)
- 42% increase in cancer recurrence\(^1\)
- 51% increased risk of all-cause mortality\(^1\)


**Facilitator instructions [5 minutes]**

- Walk through the slide content.
- Encourage participants to share if there is information here that is new or particularly interesting to them.

**Notes:**

- **Conclusion:** Looking at the benefits of quitting and the risks of continuing to use tobacco, there is a compelling case for quitting tobacco after a cancer diagnosis.
- It’s never too late, and the benefits start immediately.

**References**


Slide 6: Your role in smoking cessation for patients in cancer services

Facilitator notes [2 minutes]

- You come into regular contact with patients who trust and respect your expertise.
- You are in a unique position to support patients to quit smoking.
- Evidence shows that just a short conversation with a health professional can lead to patients quitting.
- At the time of diagnosis is an important time for intervention. This is a teachable moment as many people are more motivated to quit.

References

Section 2: Delivering the 3As Brief Intervention
[18 minutes]

Learning objectives to be addressed:

- Understand the 3As Brief Intervention model and its application in practice.
- Confidently deliver brief interventions using the 3As model in different scenarios through conversational skills.
- Understand whose responsibility it is to deliver the brief interventions, and when these may be delivered.
Slide 8: What is a brief intervention?

Section 2: The 3As Brief Intervention

What is a brief intervention?
- Short and simple
- Patient-centred
- Facilitates patient behaviour change

Facilitator notes [1 minute]

- You may have heard of the 5As brief intervention. The 3As is a simpler version of the 5As, making it quicker and easier to deliver. It’s designed specifically for use in busy clinical environments.

- **What is a brief intervention?**
  
  A brief intervention is a short, simple intervention that can change patient behaviour. It is brief, patient-centred and is all about initiating **change**.

- **The evidence for using a brief intervention**
  
  There is strong evidence that spending just a few minutes talking to a patient about their smoking can significantly improve their chance of quitting tobacco use.⁶

References

Slide 9: The 3As model

The 3As Brief Intervention

<table>
<thead>
<tr>
<th>ASK</th>
<th>ADVISE</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the patient if they have smoked/used tobacco in the last 30 days</td>
<td>Briefly explain the benefits of quitting and the risks of continuing to use tobacco after a cancer diagnosis</td>
<td>Refer the patient to the NSW Quitline</td>
</tr>
</tbody>
</table>

This model is for ALL patients

Facilitator notes [2 minutes]

- The 3As is an intervention approach that is quick and easy to deliver in three simple steps:
  1. Ask
  2. Advise
  3. Act

- **Ask**: Ask the patient if they have smoked/used tobacco in the last 30 days.

- **Advise**: Explain the benefits of quitting smoking, and the potential harms of continuing to smoke after a cancer diagnosis.

- **Act**: Take action to ensure the patient has a good chance of quitting. That means referring them to the Quitline and advising patients where to get NRT to support their quit attempt.

- The 3As Brief Intervention is designed to be used with ALL patients. We will be looking at using the intervention in a palliative care setting later in this training.

- The following clinical guidelines use the 5As model. However, the 3As model has been adopted for NSW cancer services as evidence shows this approach to intervention is briefer, but no less effective. This was an important factor for health professionals working in NSW cancer services.
- **Smoking Cessation Framework for NSW Health Services**

- **Managing Nicotine Dependence: A Guide for NSW Health Staff**

- **Supporting Smoking Cessation: A Guide for Health Professionals (RACGP)**

**Documentation**

When you deliver the 3As intervention, document that you have done so in the patient’s record. This has two benefits:

- It supports other clinicians to follow up with the patient at future visits.

- It prevents the intervention from being delivered again too quickly if the patient is already acting on it.

**ACTION: Hand out** the *Smoking Cessation Brief Interventions* fact sheet
Facilitator notes [2 minutes]

- The first step is to ask the patient if they have used any tobacco products in the past 30 days.
- It is important to ask ALL patients this question.
- Somebody who indicated in previous interactions that they intend to continue to smoke might be ready to accept an intervention at a later date.
- Somebody who previously said they don’t smoke may have preferred not to tell you they smoke, or may have relapsed.
- We will be looking at delivering the 3As Brief Intervention in the context of palliative care later in this training.

Instructions

- Ask participants: What responses are you likely to get from patients?
- Explain that the intervention is important and health professionals should try, even if the patient is palliative.
Slide 11: How to ask the question

Facilitator notes [2 minutes]

- The purpose of this intervention is to empower patients to make an important difference to their treatment outcomes.

- By delivering the intervention, you are giving them the information they need to make an informed decision about their tobacco use.

- The question ‘do you use tobacco?’ should be asked compassionately, respectfully and non-judgmentally.

- Explain to the patient that the question ‘do you use tobacco?’ is asked as a matter of routine to all patients.

- This intervention is about supporting tobacco users who want to quit, not pressuring people who smoke.

- Always ask the question ‘do you smoke?’, rather than assume somebody smokes because you can see or smell signs of tobacco use.

- Use your clinical judgement to decide when and how you discuss smoking cessation with patients in cancer services.
Facilitator notes [1 minute]
In step two, we advise patients about:

1. the benefits of quitting smoking after a cancer diagnosis
2. the potential harms of continuing to smoke after a diagnosis.
Slide 13: ADVISE: What to say

Facilitator notes [2 minutes]

- Suggestions for dialogue during the ‘Advise’ step of the 3As Brief Intervention:
  - “Cigarette smoke has chemicals that can lower the amount of chemotherapy drugs in the blood, making them less effective.”\(^3\)
  - “Quitting tobacco can help reduce the side effects of radiation therapy.”\(^2\)
  - “Quitting tobacco makes it less likely that the cancer will spread.”\(^4\)
  - “Tobacco smoke and nicotine can make cancer more aggressive”\(^4,5\)

- You don’t have to use all these suggestions. Choose the information that is most appropriate to your patient.

- This advice is delivered in a compassionate and non-judgemental way.

Instructions:

- **Ask participants**: Are there any benefits of quitting/risks of continuing to use tobacco after a cancer diagnosis that you didn’t already know?
References


Slide 14: Personalising the advice

**Personalise the ‘ADVISE’ step**

Consider your patient’s circumstances when you deliver the ‘Advise’ step. Make the information you provide relevant to:

- their beliefs around their ability to quit
- their beliefs around the benefits of quitting
- the type and stage of their cancer
- patients in palliative care
- whether they are receptive to smoking cessation
- cultural background

**Facilitator notes [1 minute]**

You can personalise the ‘Advise’ step of the 3As Brief Intervention by taking the patient’s individual circumstances into account. This can include:

- their beliefs around their ability to quit
- their beliefs about the efficacy of quitting
- previous quit attempts
- the type of cancer they have
- the stage of their cancer
- patients receiving palliative care
- whether or not they are receptive to smoking cessation
- their cultural background (i.e. whether they are from a culturally and linguistically diverse (CALD) background or are an Aboriginal person).
Facilitator Instruction [1 minute]

- A patient receiving palliative care can still benefit from quitting tobacco. Don’t avoid asking, as they may want to quit.

- Quitting tobacco use during palliative care can provide immediate benefits\(^7\), including the following:
  - Improved sense of smell and taste
  - Reduced fatigue
  - Lower blood pressure
  - Improved breathing
  - Improved cognition
  - Reduced complications in end-of-life care

- As with all patients, providing the 3As Brief Intervention to patients receiving palliative care gives them the information they need to make an informed choice about their tobacco use.

- It is our role to provide them with the information. The decision to quit smoking is theirs.

References

Slide 16: Step 3 – ACT

Step 3: ACT

If you ask somebody about their tobacco use but don’t ACT by providing support to quit, they are less likely to quit than somebody you didn’t ask about their tobacco use.

Facilitator Instruction [1 minute]

- After asking and advising a patient about tobacco use, it’s vital that health professionals ACT.

- The key action in the 3As Brief Intervention is routinely referring all patients who smoke or have recently quit to Quitline.

- Evidence shows that if you ask somebody about their smoking but don’t follow up with support to quit, that person is less likely to quit than somebody who was never asked about smoking. This is because asking about smoking without offering support to quit is seen as tacit approval.

References

Slide 17: Routine referral to Quitline

ACT: Routine referral to Quitline

- Refer the patient to the Quitline.
- Fax referral form or use the online form.
- Quitline will call the patient within two days.
- Tools and resources to help patients quit.

Facilitator notes [1 minute]

- Tell the patient you’re making a referral to the Quitline.
- Fax the referral form or use the online form.
- Quitline will call the patient within two days.
- Quitline will provide tools to support a quit attempt.
- Details about the Quitline service and how to make a referral to the Quitline are included in the next section of the training.
Slide 18: Delivering the 3A’s Brief Intervention

Facilitator notes [2 minutes]

- During the patient journey, there are a number of opportunities for health professionals to deliver the intervention.

- Think about which of these opportunities suits your role? Are there other opportunities you can think of?

- Offer the intervention as early as possible in the patient journey.

- If the patient does not want to accept the intervention, don’t give up.

- There’s a fine line between continuing to offer advice/support to quit and pressuring patients. Use your professional judgement to decide when to keep asking and when to pull back.

- Remember to document that you have delivered the intervention in the patient’s record.

Instructions:

- **Ask participants:** How and where will you document that you’ve delivered the 3As brief intervention?

- **Action:** Hand out patient journey maps, where available.
Slide 19: Brief intervention video

Video: 3As Brief Intervention

https://education.evig.org.au/rapid-learning/smoking-cessation

Facilitator Instruction [2 minutes]

- If you have an internet connection and a screen, show the 3As Brief Intervention video.
- The video provides a quick overview of the model.
**Section 3: Quitline referrals** [8 minutes]

Learning objectives to be addressed:
- Refer clients to the Quitline using online or fax
Slide 21: Routine referral to the Quitline

Facilitator notes [1 minute]

- Quitline is a free, confidential telephone service that helps people to quit smoking.

- There is strong evidence that telephone support can increase the rate of success in quitting\(^6,9\). Quitline really works.

- Quitline staff are trained health professionals, such as psychologists or nurses who specialise in smoking cessation and are specifically trained in working with people with cancer. They understand the specific issues involved in quitting after a cancer diagnosis.


After a referral:

- Quitline will contact the patient within two days and help them plan for their quit attempt. This can include:
  - one-off or ongoing phone support
  - referring the patient to tools and resources that will support quitting.
  - providing expert, specialist advise on quitting after a cancer diagnosis.

References


Slide 22: Routine referral to Quitline

**What does ‘routine referral’ mean?**

Routine referral is a model of care recommended by the Cancer Institute NSW.

- You need to inform patients that you are making a referral, but don’t need their consent.
- Explain that “we refer all patients who smoke”.
- “I’m going to refer you to Quitline”.

**Facilitator notes [2 minutes]**

- **Patients must be informed of the referral.**
  - Tell patients you are going to refer them.
  - Plus give patients a Quitline referral card and smoking cessation brochure for patients. Samples are included in your kit.

- The message “We refer all patients who smoke” is on posters in some patient waiting rooms and in the smoking cessation brochure for patients.

- Your language will make a difference. For example, if you say:
  - “I think you should give Quitline a call”, it is likely that very few will.
  - “Would you like me to refer you to Quitline?” or “Is it OK if I refer you to Quitline?”, many will say no.
  - “I am going to refer you to Quitline”, there is still an opportunity to refuse but many won’t.
Slide 23: Overcoming the barriers to Quitline referral

Facilitator notes [1 minute]
What if a patient doesn’t want to be contacted by Quitline?

- Remind them of the benefits of quitting, and the potential harms of continued smoking after a cancer diagnosis.
- If they still decline, let them know that the Quitline is always there to support them if they decide to quit.
- Give them the smoking cessation brochure and let them know they can call Quitline if they change their mind.
- They might be ready for an intervention next time.
Facilitator notes [2 minutes]

- Walk through the process of a routine referral to Quitline:
  1. Tell the patient you are referring them to the Quitline.
  2. Complete the referral form.
  3. Give the patient the smoking cessation brochure and Quitline referral card.
  4. Tell the patient to expect a call from a Quitline counsellor in the next two days.
  5. Trained Quitline advisors provide follow-up calls and advice and information to support smoking cessation. Quitline advisors offer a call back service to support a quit attempt.

- Quitline referral pads, referral cards and smoking cessation brochures for patients have been sent to cancer services. [Advise participants of where these resources are located at your facility.]

- Action: Hand out smoking cessation brochures and Quitline referral cards.
Slide 25: The Quitline referral form

Facilitator instructions [1 minute]

- Hand out copies of the printed Quitline referral form. Explain which sections need to be filled in.
- If you have internet access, demonstrate how to access the online form and talk through filling it in.
- Explain: Making a Quitline referral only takes a few minutes. It’s a short form and you only have to complete the mandatory questions which are highlighted in the picture.
- Ask participants to use a highlighter to highlight the mandatory questions on their printed referral forms.
- Ask participants if they have any questions.
Slide 26: Quitline support

Facilitator notes [1 minute]

- For people who smoke, quitting smoking can feel like climbing a big mountain. They can feel daunted by it, particularly when combined with a cancer diagnosis.

- Your role is to support and encourage the patient to consider accessing support, and to maintain their motivation to quit. People who smoke who access support are more successful with quitting.

- The specialist counsellors at Quitline will support your patients the rest of the way.
Section 4: Smoking cessation aids [7 minutes]

Learning objectives to be addressed:

- Describe nicotine replacement therapy (NRT) and its effectiveness.
- Describe different NRT products available and access to NRT.
- Identify any interactions with cancer treatments and medications.
- Describe what a carbon monoxide monitor is and how to use it.
- Understand when to use a carbon monoxide monitor and how to frame it with patients.
Slide 28: Smoking cessation aids

Smoking cessation aids give your patients a better chance of quitting\(^\text{10}\).

Facilitator notes [1 minute]

- Your patients could benefit from using smoking cessation aids, in combination with the Quitline referral\(^\text{10}\).
- We’re going to look at how carbon monoxide monitors and nicotine replacement therapies work and how they support your patients to quit tobacco.

References

Slide 29: Carbon monoxide monitors

Facilitator notes [2 minutes]

- The carbon monoxide monitor gives your patient immediate feedback about their carbon monoxide levels. This can be helpful in motivating patients to quit by giving them concrete, visible feedback on how they’re doing.

- People who smoke have between 5-20 per cent less oxygen in their blood compared to non-smokers. Because you have less oxygen, your body produces more red blood cells to increase oxygen supply. When you have too many red blood cells, they can form clots and this is a cause of stroke and heart attack. It’s also the reason why people are advised to stop smoking before an operation.

- After quitting smoking, carbon monoxide is expelled from the system quickly. Within 1 to 2 days of not smoking, a person’s carbon monoxide level will reduce to that of a non-smoker. Within one week, skin will look more vibrant, and hands and feet will warm up, with increased oxygen and better circulation.

- The carbon monoxide monitor is a motivational tool and isn’t used to ‘check-up’ on patients to see if they’ve been smoking. It’s just for them to see how they’re going.

- It’s important to let your patient know that the carbon monoxide monitor does not measure levels of alcohol, cannabis or other substances – it’s only for checking how their carbon monoxide levels are tracking as they go through the quitting process.
● Examples of ways you can introduce the carbon monoxide monitors include:

- “The carbon monoxide monitor gives you immediate feedback on your carbon monoxide levels.”
- “The carbon monoxide monitor lets you see how your carbon monoxide levels change as your tobacco use changes.”
- “You can use the carbon monoxide monitor to see how your carbon monoxide levels are tracking as you quit.”

● Carbon monoxide monitors will be available to all services that want them, coordinated through the Cancer System Innovation Managers.

● **Action:** Hand out Carbon Monoxide Monitor Factsheet

---

**References**

Slide 30: Using a carbon monoxide monitor

How to use a carbon monoxide monitor

1. Attach D-piece and plastic mouthpiece
2. Turn on the power button at the top
3. Press 'Breath Test' symbol on screen
4. Inhale and hold breath for 15 seconds; then count down
5. Blow slowly, emptying lungs
6. Explain result to patient using visual chart
7. Record results and remove D-piece
8. Use non-alcoholic wipes to clean

Facilitator instructions [1 minute]

- Demonstrate step-by-step how to use a carbon monoxide monitor, using a volunteer 'patient'.
- Explain how to read the result using the chart provided.
- Distribute carbon monoxide monitors to the group.

Notes:

- You can incorporate the carbon monoxide monitors at any point in the consultation that seems appropriate.
- Make sure you document the use of the carbon monoxide monitor in the patient’s record, so that other clinicians can follow-up with new readings as they go through the process of quitting.
Facilitator notes [2 minutes]

- Nicotine replacement therapies (NRTs) help people who smoke to quit by reducing the cravings and withdrawal symptoms they may experience when tackling their addiction\textsuperscript{10}. NRTs deliver a measured quantity of nicotine without the harmful components of tobacco.

- There are five main types of NRT:
  - lozenges
  - patches
  - inhalers
  - gum
  - mouth spray

- Each one has its own particular benefits for different people. Each type needs to be used in a specific way, so we will be going through an NRT fact sheet to figure out how each one works.

Accessing NRT

- Patients can access NRT through their GP or over the counter at pharmacies and other retailers. If they get a prescription from the GP, it makes NRT much cheaper (under $10 for a week’s supply of patches).
**Facilitator instructions**

- **Action:** Hand out the *NSW Health Quick Guide to Nicotine Replacement Therapy (NRT).*

- **Ask participants:** Read through the fact sheet and note the information provided on dosage and the correct use of NRT.

**References**

Slide 32: Using NRT

Using nicotine replacement therapies

- NRT can increase the chances of a successful quit attempt by 50 to 60%.

- Combining NRT with a telephone support, such as Quitline, gives the best results.

Facilitator notes [1 minute]

- NRT can increase the chances of a successful quit attempt by 50–60%.

- Combining NRT with the Quitline referral gives the best results.

References


Section 5: Skills practice – delivering the 3As Brief Intervention [11 minutes]

Learning objectives to be addressed:

- Confidently deliver brief interventions using the 3As model in different scenarios through conversational skills.
Slide 34: Case studies

Skills Practice

Case Study 1
• Jim

Case Study 2
• Julie

Facilitator notes [1 minute]

• We’re going to role-play two case studies and practice the knowledge and skills you’ve been working on today.
  - Case study 1 – Jim
  - Case study 2 – Julie
Slide 35: Recap of 3As

Delivering the 3As Brief Intervention

1. **ASK**: Have you smoked/used tobacco in the last 30 days?
2. **ADVISE**: The benefits of quitting, and the harms of continuing to smoke after diagnosis.
3. **ACT**: Refer to Quitline.

Facilitator notes [1 minute]

Use what you’ve learned today when you do the role-play, including:

- the benefits of quitting tobacco after a cancer diagnosis
- the potential harms of continued smoking after a cancer diagnosis
- being compassionate and non-judgemental
- personalising your advice to the circumstances of the patient
- the Quitline referral process.
Slide 36: Skills review

3As Brief Intervention review

<table>
<thead>
<tr>
<th>ASK</th>
<th>ADVISE</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary question:</td>
<td>&quot;Giving up smoking can help your cancer treatment work better.&quot;¹</td>
<td>&quot;We refer all cancer patients who smoke to NSW Quitline.&quot;</td>
</tr>
<tr>
<td>&quot;Have you smoked/used tobacco in the last 20 days?&quot; (including</td>
<td>&quot;Quitting smoking increases your chances of survival.&quot;²</td>
<td>&quot;It’s easy for me to make a referral on your behalf and they will</td>
</tr>
<tr>
<td>cigarettes, waterpipe, cigars, cannabis with tobacco)</td>
<td>&quot;Quitting now reduces the chance of complications.&quot;³</td>
<td>be in contact with you in the next 48 hrs.</td>
</tr>
<tr>
<td>Follow-up questions:</td>
<td>&quot;Tobacco and nicotine can make cancer more aggressive.&quot;⁴</td>
<td>&quot;Using a phone support service like Quitline can increase your</td>
</tr>
<tr>
<td>&quot;Do you smoke daily or occasionally?&quot; (&lt;30 days)</td>
<td></td>
<td>chances of quitting by up to 60%. I’ll refer you now.&quot;</td>
</tr>
<tr>
<td>&quot;Have you ever smoked tobacco?&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Facilitator instructions [1 minute]

- Walk through the points on the slide, reminding participants of the key concepts introduced during the training.

- Participants will use this information to conduct the case studies in the next slide.

References


Slide 37: Case study 1 – Jim

Case study 1: Jim

Jim is a 57-year-old retired builder who has recently been diagnosed with lung cancer. Jim has smoked 10 to 15 cigarettes a day since the age of 20 and has had many previous quit attempts. Jim has been visiting the hospital frequently and thinks that because he has a cancer diagnosis, the damage of smoking is already done and it’s not worth giving up now.

Activity: Role-play [3 minutes]

Instructions for participants:

- Get into pairs
  - Label yourselves A and B
  - A will be the clinician
  - B will be the patient
- All the As deliver the 3As Brief Intervention while their partners role-play as Jim.
Slide 38: Case study 2 – Julie

Case study 2: Julie

Julie is a 35-year-old woman who was diagnosed with breast cancer a year ago. Julie smokes 15 to 20 cigarettes a day. Julie lives alone and has not previously shown interest in quitting smoking. When asked about her smoking status, Julie gets hostile. She doesn’t understand what this has to do with her treatment.

Facilitator instructions [3 minutes]

- Swap role - all the Bs deliver the 3As intervention to their partners who are role-playing as Julie.

Activity: Debrief [2 minutes]

- Ask participants:
  - What have you learned about delivering the 3As Brief Intervention?
  - What aspects of the intervention are you not confident with?

- Provide relevant feedback and information.

- Refer participants to the handouts.

- For questions you cannot answer, contact the Cancer Institute NSW for support and be sure to follow up with the participants.
Summary [2 minutes]

Slide 39: Learning review

Facilitator notes [1 minute]

In this training session, we have explored the following:

- Why smoking cessation is important for people with cancer.
- The benefits of quitting smoking after a cancer diagnosis.
- The risks of continuing to smoke after a cancer diagnosis.
- The 3As Brief Intervention: Ask, Advise, Act.
- How to refer to Quitline.
- Using a carbon monoxide monitor.
- Advising patients on the use of NRT.
Slide 40: Actions and evaluation

Next steps

- Review your notes and handouts
- Deliver the 3As Brief Intervention to all patients
- Complete the training evaluation sheet

Thank you

Facilitator notes [1 minute]

- Review your notes and handouts from this session within 24hrs
- Start delivering the 3As Brief Intervention to patients now.
- Tell participants to contact you with questions. If you need support to respond to questions, please contact the Prevention team at the Cancer Institute NSW:

    Telephone: 02 8374 5600
    Email Address: CINSW-PreventionTeam@health.nsw.gov.au