

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)



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

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
- csaucedo@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 speaker, moderator, 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



STANFORD PREVENTION
RESEARCH CENTER
the science of healthy living

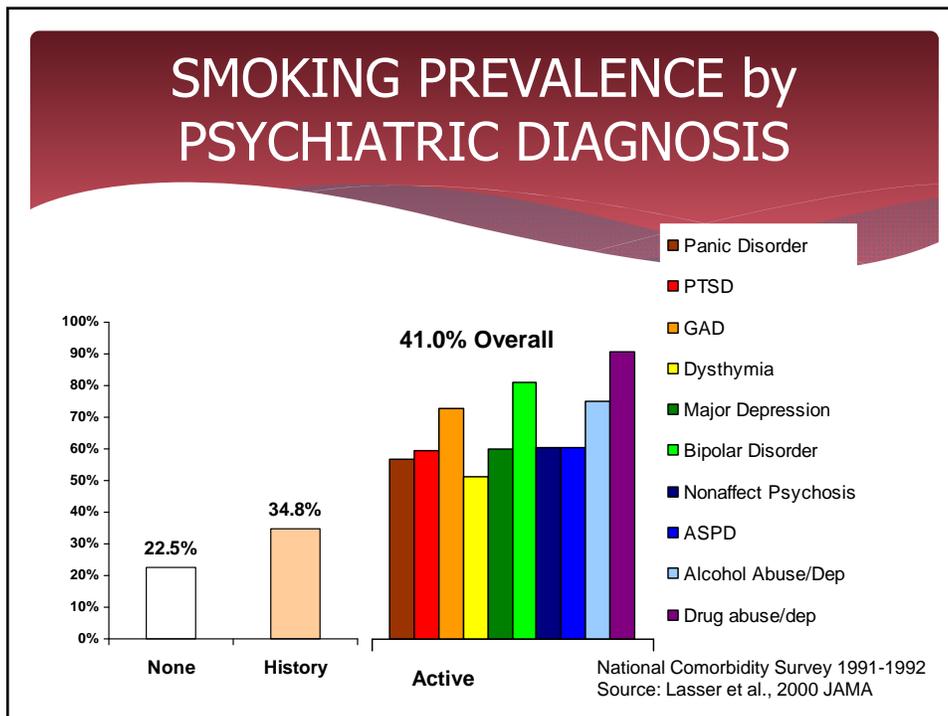
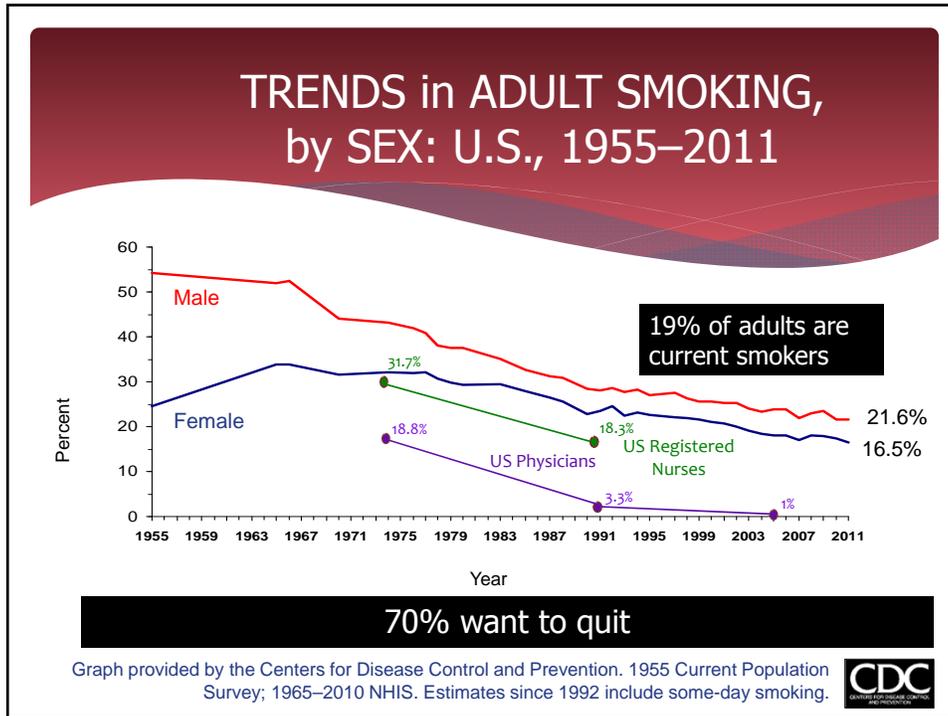
Judith J. Prochaska, PhD, MPH

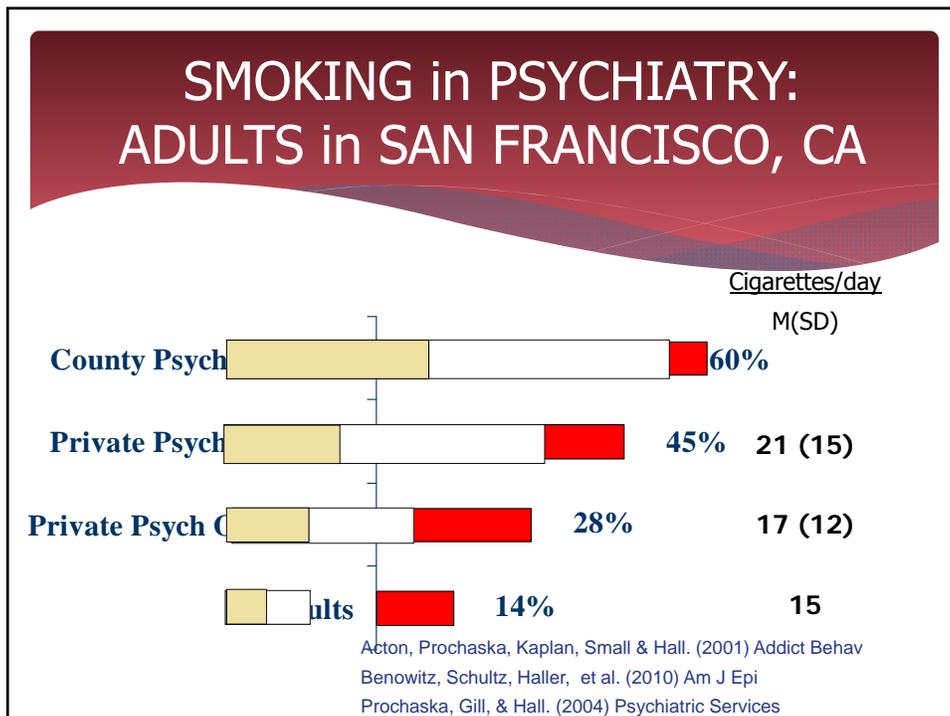
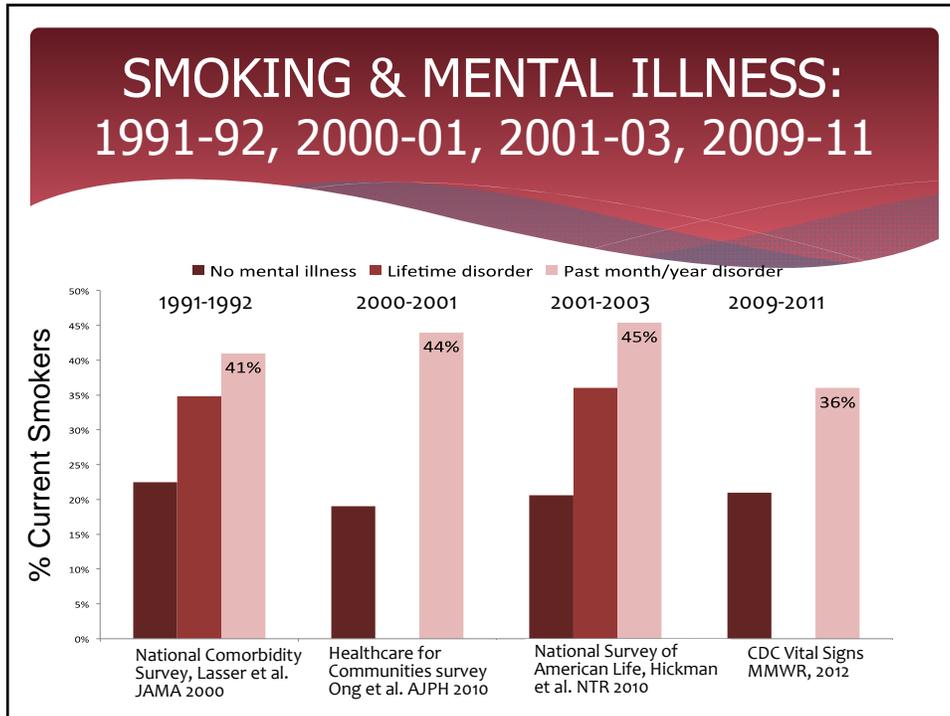
- Associate Professor of Medicine, Stanford Prevention Research Center, Department of Medicine, Stanford University

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

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





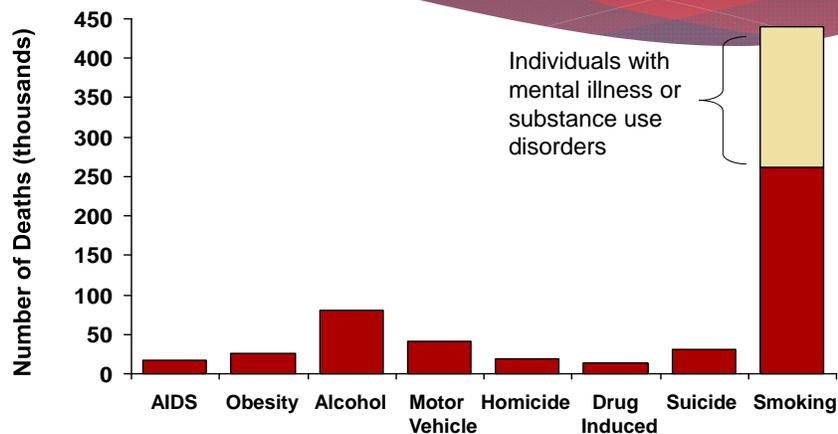


Tobacco Kills



- * 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

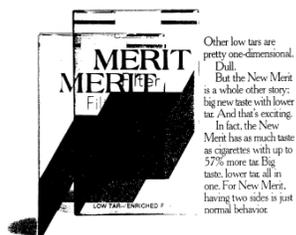
Drugs that may have a *decreased effect* due to induction of CYP1A2:

- * Caffeine
- * Clozapine (Clozaril™)
- * Fluvoxamine (Luvox™)
- * Haloperidol (Haldol™)
- * Olanzapine (Zyprexa™)
- * Phenothiazines (Thorazine, Trilafon, Prolixin, etc.)
- * Propranolol
- * Tertiary TCAs / cyclobenzaprine (Flexaril™)
- * Thiothixene (Navane™)
- * Other medications: estradiol, mexiletene, naproxen, phenacetin, riluzole, ropinirole, tacrine, theophylline, verapamil, r-warfarin (less active), zolmitriptan

Smoking cessation may reverse the effect.

MAJOR TARGET MARKET

Schizophrenic.



The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.
www.tobacco.usat.edu/tar02-7-090108

204027997g

- * 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)

A PRIMER FOR
PSYCHOTHERAPISTS

1951

By
KENNETH MARK COLBY, M.D.

ADJUNCT IN PSYCHIATRY, MOUNT ZION HOSPITAL, SAN FRANCISCO; CLINICAL ASSOCIATE, SAN FRANCISCO INSTITUTE OF PSYCHOANALYSIS; FORMER LECTURER IN PSYCHIATRY, DEPARTMENT OF SOCIAL WELFARE, UNIVERSITY OF CALIFORNIA

ENVIRONMENT

BEHAVIOR DURING THE INTERVIEW 39

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.

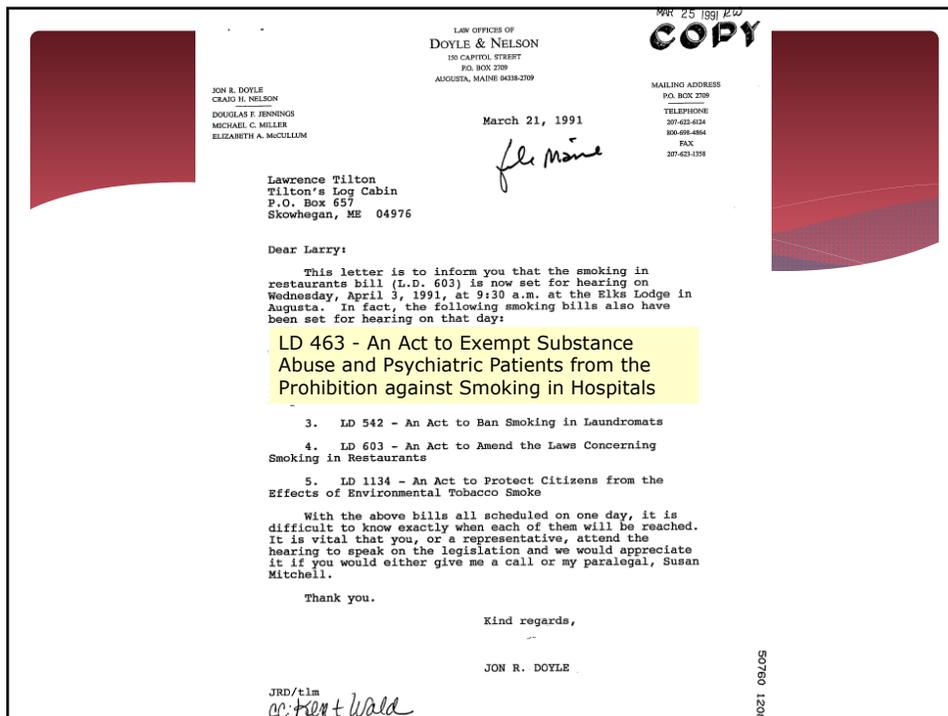
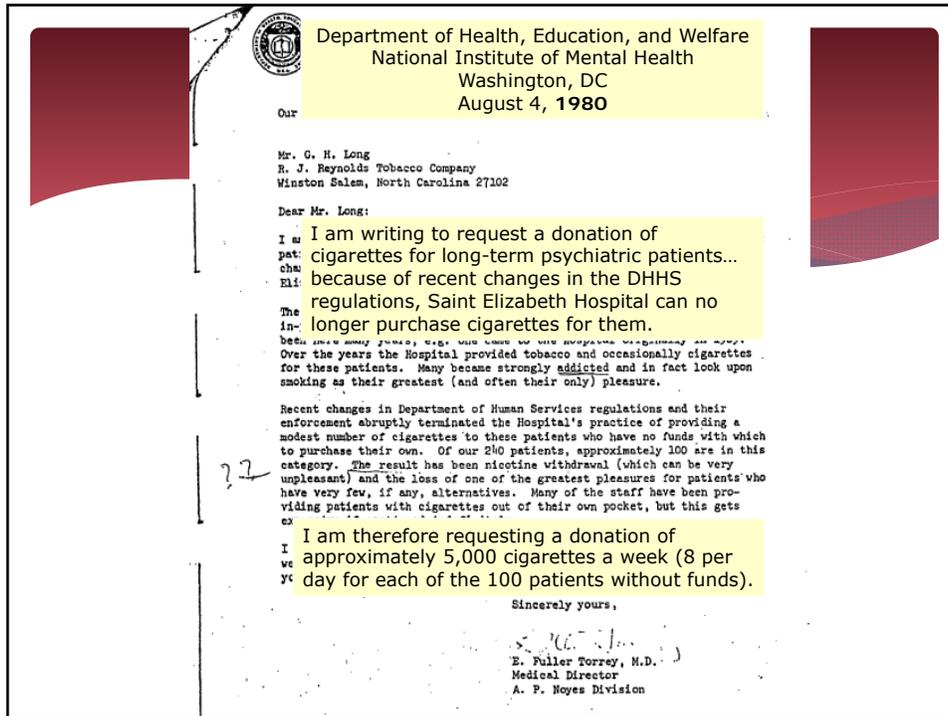
Re: Research Proposal for July/83 - June/84
"Tobacco Smoking As a Coping Mechanism in
Psychiatric Patients: Psychological, Behavioral
and Physiological Investigations"
Phase I

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.

RJR-MACDONALD INC. Research and Development

Dr. Knott has been sponsored by CTMC for some years. Up to last year his own salary was paid by us - so he was totally dependent on CTMC funding. He became, however, a permanent member of the Royal Ottawa Hospital in 1984, and since then we only support the cost of his assistants.

The latest request is addressing the problems that restriction on smoking in the workplace or elsewhere may have on inducing stress on the smoker. Once again he seems to be looking at this from our point of view.



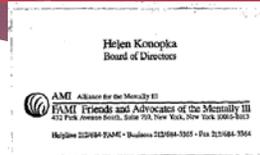
HOSPITAL SMOKING BANS

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 very few pleasures that schizophrenics and people with major depression have," says Helen Konopka, a 71-year-old retired New York teacher who organized a tidal wave of letters and petitions to the Joint Commission. She says

Ms. Konopka'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.



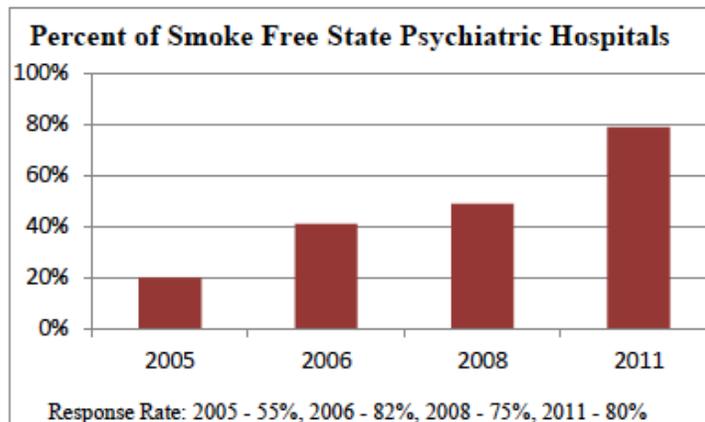
*Philip Morris:
FAMI is fighting the City, HHC
and Bellevue Hospital Administration.
I'm positive in the psychiatric outpatient
units, emergency unit and admission
units need a discrete smoking area and
not be forced to go Out Library.
Helen Konopka*

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)



NASMHPD Surveys 2005-2011

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



Prochaska, Fletcher, Hall & Hall (2006). Am J Addictions

RETURN to SMOKING: SMOKE-FREE ACUTE PSYCH HOSPITAL



Prochaska, Fletcher, Hall & Hall (2006). Am J Addictions

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

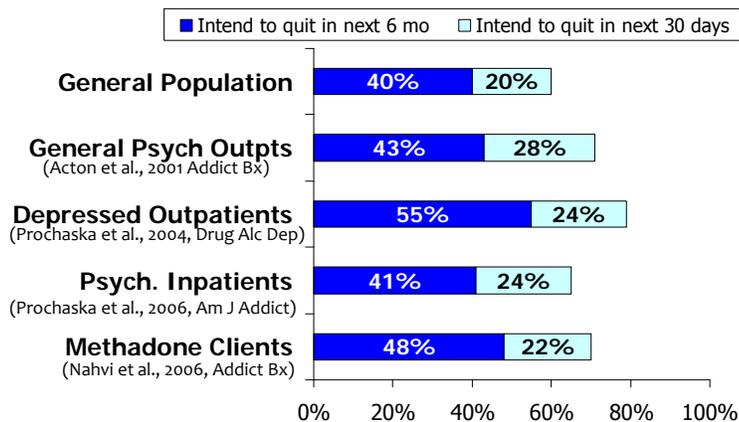
Several reported ***discouragement to quit*** from mental health providers

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

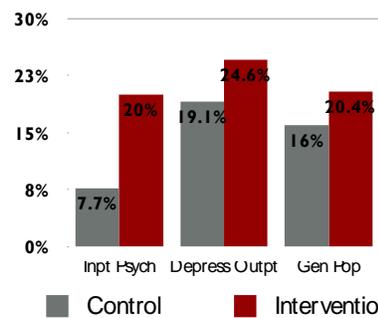


* No relationship between psychiatric symptom severity and readiness to quit

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)

Comparison of Stage-Tailored Trials
18 month abstinence rates



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



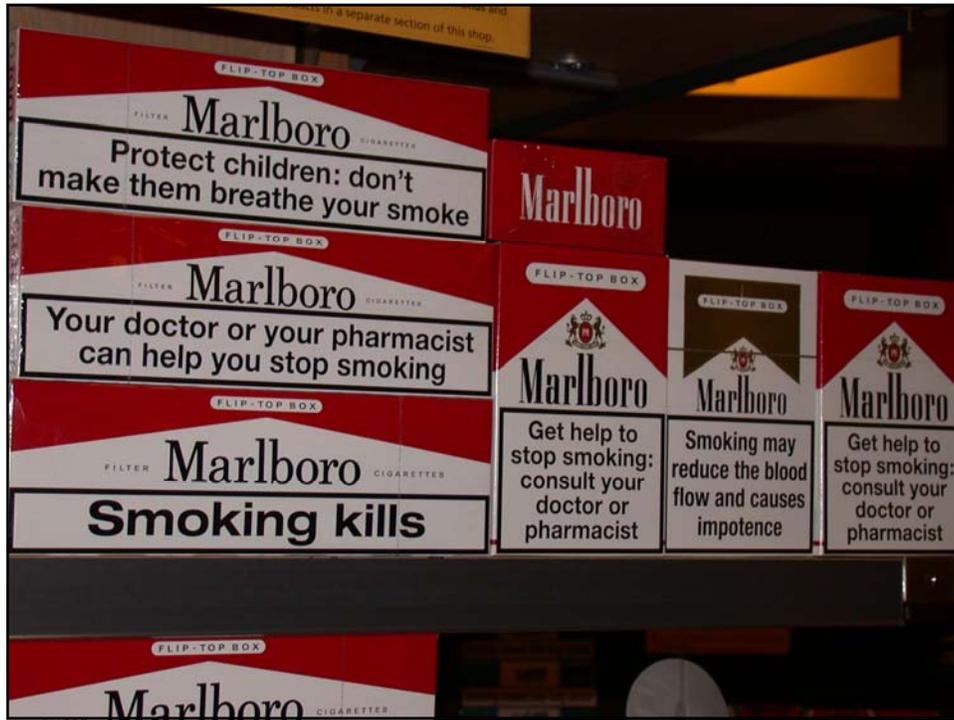
Karen S. Hudmon, DrPH, MS, RPh

- Professor and Associate Head for Operations, Department of Pharmacy Practice, College of Pharmacy, Purdue University

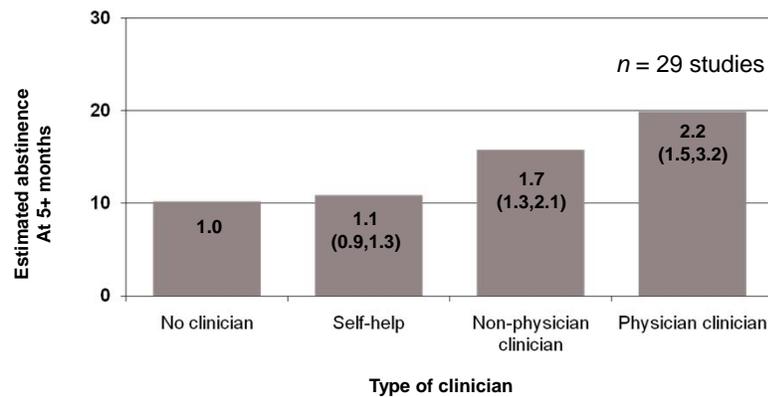
Rx for Change: A Shared Resource for Tobacco Cessation Training

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



Fiore et al. *Treating Tobacco Use and Dependence. Clinical Practice Guideline. 2008 Update.* USDHHS, PHS, 2008.

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

Hudmon et al. Tobacco education in U.S. schools of pharmacy.
Nicotine & Tobacco Research 2005;7:225-232.

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 patients whom they counsel

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

Hudmon et al. *Patient Education & Counseling*, 2006.

Training Current and Future Clinicians



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schools of pharmacy & medicine **Rx for change** Welcome, sidney crosby **LOGOUT**

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<http://rxforchange.ucsf.edu>

Clinician-assisted tobacco cessation

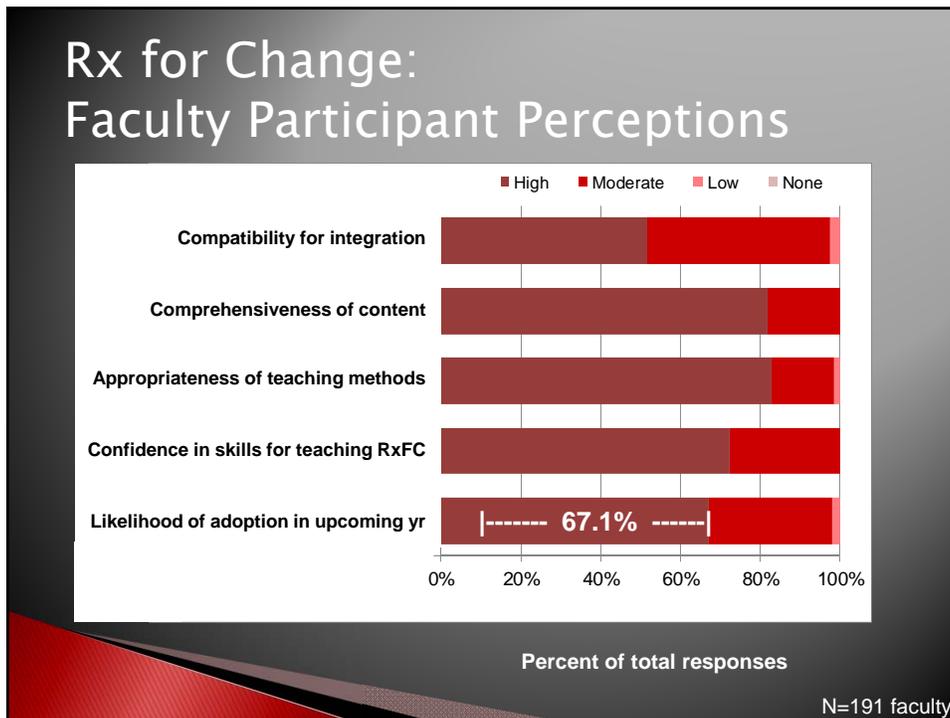
Welcome to Rx for Change!

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 5 A's (comprehensive counseling)
2. Ask-Advise-Refer (brief counseling)
3. Psychiatry
4. Cancer Care Providers
5. Cardiology Providers
6. Mental Health Peer Counselors
7. Surgical Providers

In addition, we offer a Spanish language version.



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.

Rx for Change: Web-site Utilization

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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 admin** Welcome, sidney crosby [LOGOUT](#)

Print  | Text Size 

Admin

Activity	Today	Past 7 Days	Past 30 Days	Totals
Logins	3	33	187	31,267
Login Failures	0	41	658	15,932
Admin Logins	1	1	13	2,903
User Logins	2	31	163	21,313
Registrations	0	17	78	7,652
Petitions	0	1	1	556
Files Downloaded	6	311	1,260	163,538

Which of the following versions of Rx for Change do you plan to use?	Totals
Ask-Advise-Refer Rx for Change	4,987
The 5 A's Rx for Change	6,126
➔ Psychiatry Rx for Change	2,535
➔ Cancer Care Provider curriculum	1,165
➔ Mental Health Peer Counselor curriculum	2,040
Surgical Provider curriculum	940
Cardiology Provider curriculum	654

What is your planned use for Rx for Change?	Totals
Enhance my own knowledge / skills	3,295
Teach health professional students	1,384
Teach licensed health professionals	1,859
Not sure (just checking it out)	774

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



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UNIVERSITY of ROCHESTER MEDICAL CENTER

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



SCHOOL OF NURSING
UNIVERSITY of ROCHESTER MEDICAL CENTER

Susan W. Blaakman, PhD, RN NPP-BC

- Associate Professor of Clinical Nursing, Specialty Director, Family PMHNP Program, University of Rochester

Today's speaker



INDIANA UNIVERSITY
SCHOOL OF NURSING

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



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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



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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; Sarna 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, & Sarna, 2004; Sarna et al., 2009)
- Rarely a required component of nursing curricula (Heath & Crowell, 2007; Sarna 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).



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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).



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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)

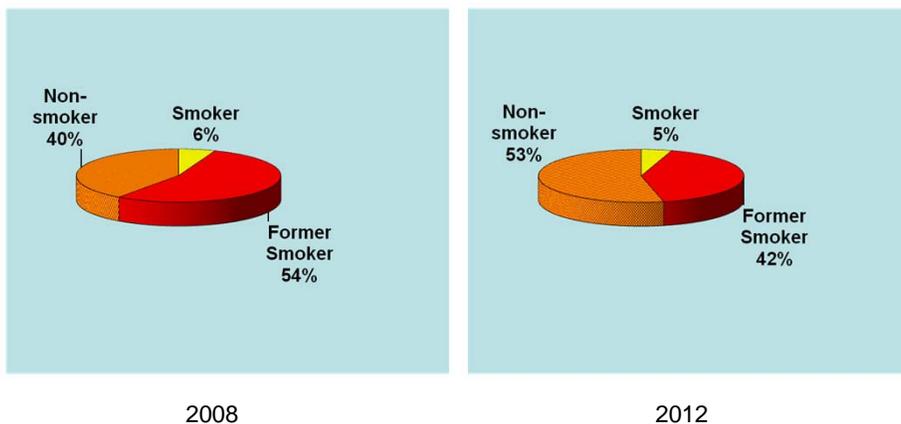


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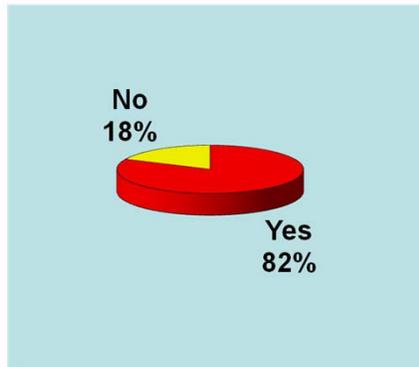
2008	2012
4000 emailed; 1365 responded – 31.6% response rate	7500 emailed; 1061 responded – 14% response rate
45% > 20 yrs PMH RN; 17.2% < 5 yrs	45% > 20 yrs PMH RN; 24% ≤ 5 yrs
35% BSN; 54.5% MS; 9.6% PhD/DNP	22% BSN; 53% MS; 12% PhD/DNP/DNSc
23% Staff RN; 32.4% APN; 17.3% Faculty	28% Staff RN; 47% APN; 23% Faculty
42.8% Inpatient; 33% Outpatient; 17.3% Faculty	42% Inpatient; 32% Outpatient; 11% College/University
(Sharp, Blaakman et al., 2009)	(*data not yet published)



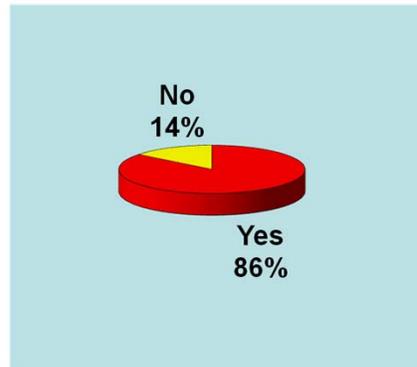
Nurses' Smoking Status



Smoke-Free Workplace



2008



2012

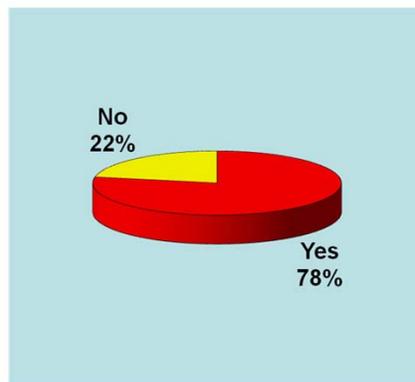


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Necessary Part of Recovery from MI or Addictive Disorders?



2008

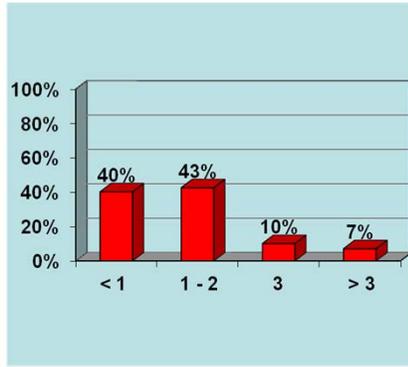


2012

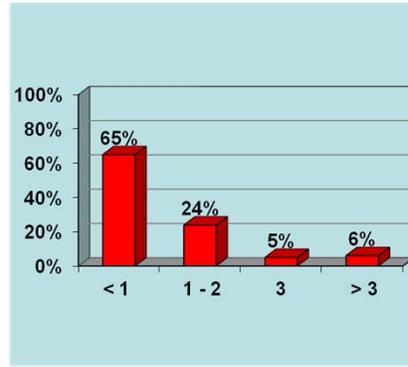


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Hours Spent on Tobacco Dependence: Undergraduate Curricula



2008

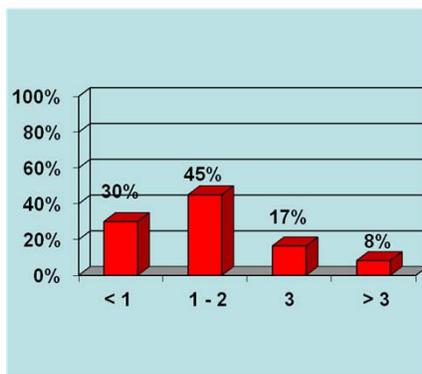


2012

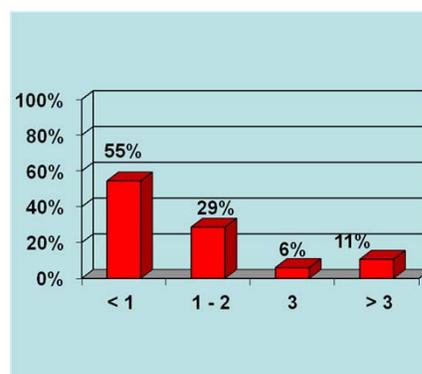


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Hours Spent on Tobacco Dependence: Graduate Curricula



2008

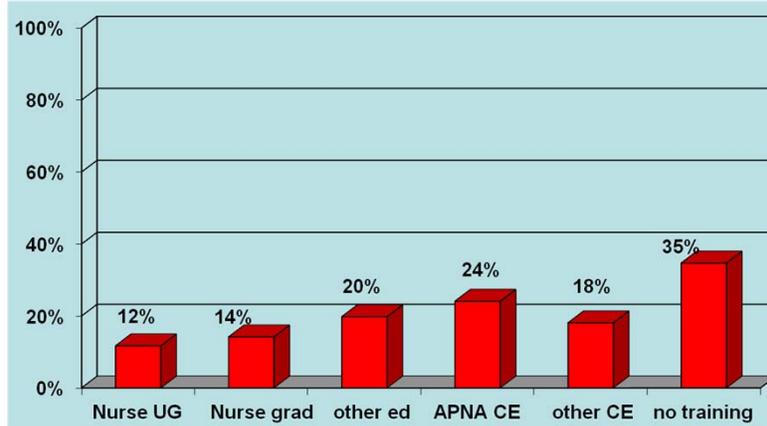


2012



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Tobacco Dependence Training

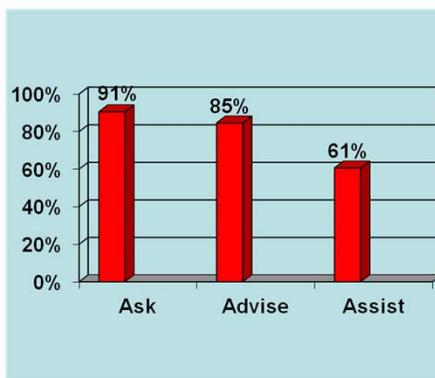


2012

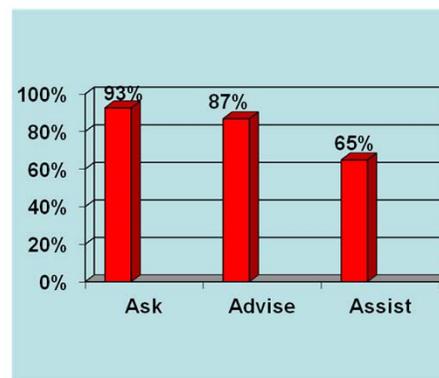


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Brief Interventions by Nurses



2008

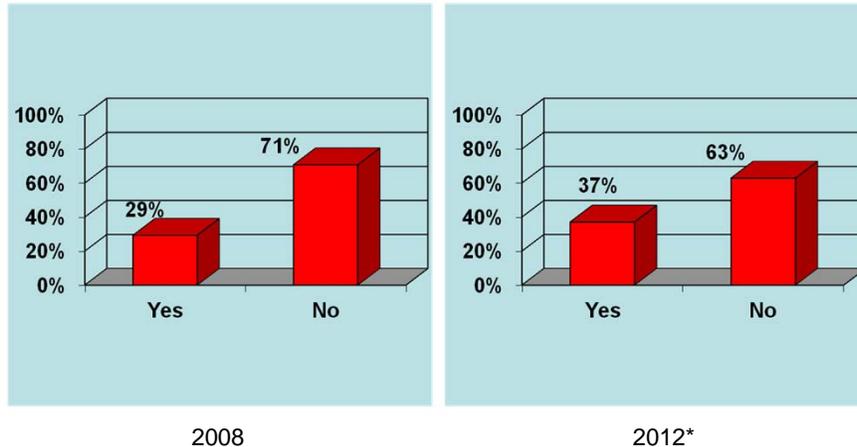


2012



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Intensive Interventions by Nurses



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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)



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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)



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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)



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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?*



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Priorities/Future Directions

Focus on nursing education:

What do YOU think...??



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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)



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Questions and answers



- Feel free to submit questions via the **chat box**

Contact SCLC for technical assistance



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>

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:

	Total Number	Total %
A graduate psychiatric nursing program	4	11%
Psychiatric residency program	1	3%
School of pharmacy	12	32%
Other:	8	21%
Not a faculty member	13	34%

2. About how many hours of tobacco cessation training does your program provide?

	Total Number	Total %
0 hours	10	22%
1-2 hours	16	36%
3-4 hours	4	9%
5-6 hours	6	13%
More than 6 hours	9	20%

Poll Questions

3. Do you cover pharmacotherapy for treating tobacco dependence in your curriculum?

	Total Number	Total %
Yes	35	73%
No	13	27%

4. Do you cover counseling re: tobacco dependence treatment in your curriculum?

	Total Number	Total %
Yes	34	83%
No	7	17%

Poll Questions

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

	Total Number	Total %
Faculty is very busy and pulled in several directions	6	12%
Finding class time to incorporate the training	16	31%
Organization of the material and the time and resources to incorporate it into the curriculum	7	14%
Program evaluation	3	6%
Unsure at this time	13	25%
Other	6	12%

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?

	Total Number	Total %
Count me in!	22	49%
A little	10	22%
Not sure	9	20%
Not very	1	2%
Not at all	3	7%