

Note:

A linked paper Cleland J, Lee G, Friend J and Osman L, Teaching smoking cessation knowledge to second year undergraduates, has been published in Medical Teacher 27, 7, 2005, pp 655 – 657.

Second year medical undergraduates' attitudes towards learning smoking cessation knowledge and skills

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SUMMARY

Student attitudes towards information on the cycle of change and interventions strategies for helping patients stop smoking are positive. Student attitudes towards the use of small group discussions and case studies as a means of learning are also positive. Student feedback reflected learning about the need to provide a patient-centred approach. Students want teaching on smoking cessation to include discussion, videos of patients' stories and interaction with patients.

INTRODUCTION

Low intervention rates of smoking cessation advice from clinicians seem, at least in part, due to insufficient knowledge about smoking and intervention strategies (Kenney et al., 1988), and a perceived lack of effectiveness (Lennox & Taylor, 1995), suggesting that provider education may increase the rate of provision of advice (Ockene, 1996). Smoking-related knowledge deficits have previously been identified in medical students (e.g., Frye & Haponik, 1996) suggesting that efforts need to be directed at the development of undergraduate knowledge and skills if, on qualification, these individuals are to be effective in supporting patients.

If optimal clinical behaviour, including effective communication with tobacco users, is desirable, then similarly, an optimal educational strategy is necessary. We decided to develop existing teaching on smoking cessation from a didactic lecture to a more problem-based, experiential learning strategy. Thus, we (the Departments of Medical Interviewing & Communication and Respiratory Medicine, in conjunction with Health Promotions, NHS Grampian) developed an interactive training session incorporating learning about smoking-related knowledge and effective communication skills (Kurtz, Silverman & Draper, 1998).

The aims of the main study were to assess existing knowledge and change in knowledge after the session. As an adjunct, in this short paper, we report the students' views of the content and method of teaching about smoking knowledge, and smoking cessation skills.

METHODS

SAMPLE

118, out of a possible 179, second-year undergraduate medical students from the University of Aberdeen who had volunteered to participate in a 2-hour workshop on smoking cessation. Half the students were female, half male. Ages ranged from 18-30 years, with a mean age of 19 years.

ETHICS

Grampian Research Ethics Committee stated that ethics permission was not required for this study.

INTERVENTION

A two-hour workshop employing a mixture of didactic presentation, small-group discussion, large group question and answer sessions, and case studies. This covered: components of tobacco use, the cycle of behaviour change (DiClemente & Prochaska, 1983), theory and practice of negotiating behaviour change. Case studies involved the students taking on the perspectives of the patient. Written literature on intervention strategies was provided. The workshop ran twice, with approximately 60 students, and six staff facilitating each workshop.

INSTRUMENTS

We asked the following open-ended questions in order to collect information on the students' views of the workshop:

- Which part of the workshops were of most value to you?
- Which parts of the workshop were of least value to you?
- How could the workshop be improved?

ANALYSIS

Coding categories were developed for the qualitative data and analysed by an independent researcher from the Department of General Practice and Primary Care using standard qualitative methods (Miles & Huberman, 1993). The main author independently examined the coded data for emergent themes and an independent researcher compared interpretations.

RESULTS

Four themes emerged from the qualitative feedback from the students. These could be categorised into four themes:

- (1) new knowledge of the cycle of change and intervention strategies;
- (2) communication skills;
- (3) the training methods;
- (4) developing the workshop.

New knowledge of intervention strategies

The students revealed that they found information on the cycle of change and intervention strategies useful:

"Being shown that stopping smoking isn't just about giving up nicotine, but changing lifestyle and associations with smoking"

"Considering the fact that stopping is a process, not an event"

"Learning about the different types of treatment e.g., NRT and how they can be used"

Communication skills

Feedback revealed that students learned the need to provide a patient-centred approach to providing smoking cessation advice and support:

"Learning about what to say to patients as encouragement, the emphasis that each patient is an individual"

"Realising the individual circumstances of each patient and the importance of this in helping them to stop smoking"

Training methods

When asked what parts of the workshop were of most value, many students mentioned benefits from the small group discussions and case studies:

"Discussion of case studies encouraged development of ideas"

"interactive parts good"

Developing the session

Most useful suggestions centred on having patients in the teaching situation to illustrate points. For example:

“Get people in who are at different stages of the smoking cycle for their views and perceptions”

“have some live examples or a video. People who have stopped, presenting their experiences on it”

DISCUSSION

Inductive analysis of students’ attitudes towards teaching indicated that they found information on the cycle of change and intervention strategies useful. The nature of these responses indicated that students had not previously thought about smoking cessation being a process rather than a one-off intervention, and they had gained an awareness that tobacco use is associated with more than nicotine dependence.

Students had learned the importance of cessation advice being patient-centred and geared to the individual. Unpublished data collected from students on the University of Aberdeen Medical Interviewing and Communication course indicates that, while students acknowledge the importance of doctor-patient partnership, they find it difficult to behave in ways which demonstrate an understanding of mutual doctor-patient partnership. This is similar to the data found with practising clinicians (Well et al., 1986), and reinforces the need to teach skills as well as clinical knowledge.

There was a desire for learning to involve patients rather than being solely theory-based, albeit with the use of case studies.

LIMITATIONS OF THE STUDY

Demographic data was not collected from the students. Thus, we were unable to investigate the impact of variables such as age, gender, educational background (e.g., medicine as first degree or not), ethnic origin or the student’s own smoking status impact on student responses.

CONCLUSION

This intervention is seen as the first step in supporting medical undergraduates to develop the clinical knowledge and skills, and the communication skills required to effectively support patients to stop smoking. The data collected in this study provided a basis to develop teaching. We suggest that helping medical students and junior doctors learn how to support patients in quitting should be revisited at different points throughout training, in order to reinforce and extend learning.

Contributions

Dr Cleland carried out the data analysis and prepared this paper. Ms Lee designed the intervention, in discussion with Dr Cleland and Professor Friend. Professor Friend and Ms Lee commented on the final version of the paper.

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