



AAFP Tobacco and Nicotine Chapter/Family Medicine Residency Program Mini Grants
Final Report
2015-2016

Each question in this Final Report should be answered thoroughly and completely.

Describe your project. Please answer the following questions.

1. Why did you choose this project? In other words, how was it relevant to your chapter/residency?
The Department of Family and Community Medicine is constantly striving to improve both its educational and healthcare outcomes, so working on smoking cessation offered a great opportunity to do both. Currently, our Residents don't receive training in smoking cessation techniques nor are they familiar with the products and devices that are generally used to help patients quit smoking. This is due to the presence of the Parkland Smoking Cessation Clinic to which our Residents refer patients that express the desire to quit. However, this resource creates a gap in their education, as they are not prepared to assist patients in their future practices since they receive no such training during Residency. Additionally, a medical student working in our Community Health section is also working on a cessation project for men in homeless shelters. This student, Paul Abraham, was unable to secure funding for cessation therapies and devices, and he also needed assistance leading group counseling therapies for those individuals who wanted to quit. Therefore, in order to improve Residency curricula, assist underserved populations who already desire to quit, and create a sustainable resource for smoking cessation in the department, this project was initiated with the funding from the mini-grant.
2. What did you do and how did you accomplish it?
Utilizing grant monies we purchased smoking cessation therapies and a device that measures users' amount of breath-carbon monoxide. This was accomplished by coordinating with the Community Medicine section of the Department, a community partner – Calvert Place Clinics, and Schweitzer Fellow and medical student, Paul Abraham. In conjunction with these partners, and following a needs assessment, pertinent therapies were purchased by Philip Day and disseminated by Paul and Community Medicine Faculty following cessation counseling.

We also performed a baseline project to establish Residency needs for smoking curricula, and have turned those established needs into the basis of a second-stage curricular intervention in Resident education. That project was accepted for presentation at the annual Waco Health Forum and was subsequently presented to an audience of medical students, Resident learners, and Faculty members. This was accomplished by third-year Resident Hafsa Akram who developed the project, designed the survey, interpreted the results, and presented the findings in conjunction with her Research Mentor, Philip Day. Curricular resources and changes are being designed by rising third-year Chief Resident Will Nutting and will be implemented the 2016-2017 Residency year. This will be accomplished through protected research and didactic time as well as collaborating with Residency Faculty.

Finally, a lead precepting Faculty was chosen to undergo training as a Tobacco Treatment Specialist and will participate in that training in the latter half of 2016. This was accomplished through a series of meetings with the department Interim Chair, Amer Shakil. The chosen physician will attend the training once 2016-2017 Residency rotation calendar is finalized.

3. What were your goals and to what extent did you achieve them?
This project had several goals and all were achieved to different extents.

- 1) Gauge Resident learners' knowledge regarding smoking cessation.
 - a. This was achieved through a quality improvement project designed, implemented, and analyzed by a third-year Resident. Through a survey proctored in February 2016 we were able to identify how to teach and train our Residents in smoking cessation techniques and strategies.
 - b. The findings are currently being implemented to design a suite of educational lectures, workshops, and a further quality improvement project.
- 2) Provide smoking cessation therapies – patches and gum – and technology – the Smokerlyzer CO monitor – to assist homeless individuals achieve progress in smoking cessation.
 - a. We purchased the Smokerlyzer for Resident training and to provide individuals with a consistent metric for measuring their progress.
 - b. We were able to purchase a total of 80 boxes of therapeutic items including various strengths of nicotine patches and gum.
 - c. As of April 2016, over 80 individuals have received both smoking cessation counseling and therapies at the Calvert Place. Initially, only 6 individuals attended the weekly sessions, but as of this report that has increased to around 12. The work in the homeless shelter is ongoing and we are searching for other avenues to provide them with more therapeutic items.
- 3) Train Residents in smoking cessation techniques.
 - a. Through the duration of the mini-grant, 14 Residents will have participated in a one-month Community Medicine rotation which required them to assist in the cessation sessions at the homeless shelter sites supervised by Faculty member Patti Pagels, M.P.A.S, PA-C.
 - b. One Resident researched and designed the survey mentioned in (1a) above.
 - c. Two additional Residents will oversee the next phase of the quality improvement project with the possibility of extending the research to include the individuals at the homeless shelters.
 - d. Per the survey results mentioned in (1a) above, Residents will receive didactics and workshops in the following:
 - i. Motivational interviewing for smoking cessation
 - ii. The Fagerstrom Tolerance Questionnaire
 - iii. Group therapy for shared medical appointments for smoking cessation
- 4) Train a core, precepting clinical Faculty as a Tobacco Treatment Specialist for ongoing support
 - a. Tasaduq Mir, MD, has been selected by the chair of the department to attend the Tobacco Treatment Specialist training program.
 - b. This will be accomplished upon reception of the final installment of the grant award and the finalization of the Residency rotation assignment calendar.

4. How did you measure your goals?

The goals of this project were measured according to needs assessments established during planning. Paul Abraham had completed 6 months of his counseling by the time grant monies were received, so the goal of providing cessation therapies was measured by the impact that the therapies had on individuals' progress and willingness to participate in the counseling. All therapies were disseminated and the Smokealyzer was well-received by the homeless individuals struggling with tobacco dependency. This device provided individual motivation, but also intrapersonal competition to achieve the lowest "score." It also served to concretize individual progress and to reinforce the actual status of cessation progress. While they eventually relapsed, four individuals successfully quit smoking during the project period; however, successful cessation often takes many attempts.

As a baseline assessment of Resident knowledge regarding smoking cessation had never been undertaken in the department, the educational goal therein was measured by successful establishment of such a baseline. As this baseline project was accepted and disseminated through a peer-reviewed conference, the goal was measured by the relevancy and veracity of the project findings. Educational efforts will be measured by a follow-up study that focuses on the efficacy and actual usage of cessation techniques in Resident-provided care. Smoking cessation interventions, inspired by this project, are also a candidate for the annual, departmental clinic-wide quality improvement project that consists of an exhaustive chart review, data analysis, and tailor-made

interventions as an enduring part of Residency curricula. We are also currently assessing the possibility of providing group shared medical appointments for established patients that desire to quit smoking.

5. How did this project benefit your chapter/residency? Please provide examples.
This project benefited our department by providing the incentive to design and implement a smoking cessation curriculum in the Residency. It also exposed Resident learners to a new community population with which they hadn't worked and provided them opportunities to mentor medical students. Finally, the permanent availability of a certified Tobacco Treatment Specialist will allow for continued training of Residents and better overall smoking cessation efforts for our clinical populations.
6. What challenges did you face implementing your project and how did you overcome them?
The first challenge the project faced was acquiring the grant award from UT Southwestern's Sponsored Programs Administration office. Any grant that UT Faculty receive must clear their system before being assigned to a subledger, which makes it available by the funded Faculty. As this process only began after the notice of award was received by the AAFP, grant monies weren't available until approximately seven weeks after initial selection of the project. This effectively set back equipment and materials purchasing by two months. There was no way to overcome this process, but we purchased materials as soon as possible following the disbursement of the funds.

Additionally, we had hoped to implement a Motivational Interviewing for Smoking Cessation workshop in March 2016, but our department's Behavioral Psychologist reduced her time effort to 10%, which effectively precluded her from leading such a workshop. Nevertheless, an affiliated UTSW Psychologist plans to lead such a workshop in June 2016. This transition was completely unexpected and impossible to plan for during the grant application period.

Describe how other chapters/residencies could learn from your project.

7. Do you think that your project could be easily adapted by other chapters/residency programs? Why or why not?
Adaptation of this project would be possible by other departments with similar patient populations, needs, and curricular limitations. As the curriculum is originating from Family Medicine practitioners, it will be highly applicable for other Family Medicine departments that seek to train Residents in smoking cessation techniques and practices. It is reasonable to assume that other Family Medicine clinics in urban settings would be able to offer the same outreach to homeless shelter sites. Finally, the "model" of this project, where specific mini-grants are used to augment and expand Resident research efforts, is adaptable by any department with the time and resources to find and apply for such grants. We plan to pursue this model in the future when possible.
8. What recommendations would you have for other chapters/residencies who want to replicate your project?
Organizations that want to replicate this project should ensure that they do a needs assessment of their smoking cessation curricula and their intervention populations. We discovered, for example, that the lower strength therapies were preferable as the majority of homeless individuals had a very strict rationing process for their cigarettes.

On the curricular side we discovered that clinical providers (Residents and Faculty) don't approach cessation counseling (if they do at all) in a uniform manner, so a standard approach and understanding is necessary for an effective curricular intervention.

Contact Information

9. Chapter or Residency
Family Medicine Residency, Department of Family & Community Medicine, University of Texas Southwestern Medical Center
10. Your name and title
Philip G. Day, PhD, Faculty Associate – Curriculum Educator

11. Email address

Philip.day@utsouthwestern.edu

12. Telephone

214-648-1382

NOTE: AAFP would like to help disseminate your good work by sharing your project with others via the AAFP Mini-grant web page. Please indicate whether you consent to AAFP sharing on its website your project results, final report and contact information. Yes No