



**Oral Health Promotion Grants Forum B
Monday 6 May 2002
Evaluation and Project Outcomes
for
Developing and Piloting Smoking Cessation
Training for Dentists
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Project overview

In addition to the numerous effects tobacco has on general health, smoking is a major contributor to the development of both oral cancer and periodontal disease.

In the community, health professionals are seen as a respected source of health information. General practice dentists are health professionals who are ideally placed to deliver smoking cessation advice to their dental patients.

There is evidence that brief advice given by a health professional will help smokers to successfully stop smoking. Oral health personnel often have an established and longstanding rapport with patients and see them on a regular basis and there are many one and two-minute occasions that can be used to provide opportunistic snippets of tobacco related preventive and cessation advice.

Literature from both Australia and overseas indicates that some dentists participate in smoking cessation activity, however, dentists report that they are not confident in their knowledge and skills in providing tobacco cessation advice and identify several issues about providing smoking cessation advice.

Evidence suggests that smoking cessation activities conducted in the dental setting tend not to be consistent, comprehensive or systematic. This highlights a need for clear guidelines regarding provision of brief advice on quitting and associated resources. Programs developed overseas have equipped dental health care professionals to be more effective in helping smokers to quit. Strategies include involving the whole dental team, using the practice environment, being smoke-free, displaying material and counselling patients using the 5A's, Ask, Advise, Assess, Assist and Arrange.

The needs assessment research that formed part of this project produced findings that are consistent with other studies. Results of our needs assessment research indicate that dentists are willing to ask and advise patients with regard to smoking, but are less inclined to assist patients to quit or arrange follow up regarding patients' quitting attempts. There is a disparity between what dentists think are appropriate activities for dentists and what interventions they implement in practice, which suggests that dentists may not regard smoking cessation intervention as part of their role. It is clear that training is needed and wanted and a package

should aim to increase dentists' confidence and skills to build smoking cessation into their daily practice. Objectives of training should work to legitimise the dentist's role in smoking cessation and provide strategies and resource support so interventions can be embedded into current systems and ways of working.

Aims and Objectives

This project aimed to provide general practice dentists with the knowledge, skills and confidence to provide effective smoking cessation advice to their dental patients.

The objectives were:

- To identify major factors which facilitate and inhibit dentists' capacities to deliver smoking cessation advice in the general practice setting.
- To identify dentists' training needs with respect to delivering smoking cessation advice.
- To develop a smoking cessation training package for dentists incorporating the 'Ask, Advise, Assess, Assist, Arrange' model.
- To pilot and evaluate the developed smoking cessation training package.

Note: The 5As (Ask, Advise, Assess, Assist, Arrange) is a more recent adaptation of the 4As. The 5As is the model referred to by the US Public Health Service Report, *A clinical practice guideline for treating tobacco use and dependence, 2000*. Quit Victoria has also adapted the model for local use with health professionals so that the fifth 'A' refers to 'Ask Again'.

Barriers and strategies used to address them

Barriers encountered throughout the project were discussed in a previous report to DHS in August 2001. They were associated with the research phase of the project, ie. recruiting dentists to participate in research and accessing research relating to patients' views of dentists providing smoking cessation advice. Other major issues discussed were in the context of realities affecting project implementation; these are summarised below.

1. Smoking cessation – is it my role?

A key finding from the research is that many dentists are ambivalent about adopting smoking cessation practices as part of their role. It was surprising to find that nearly a quarter of dentists (22%) said that it was not appropriate to systematically ask about smoking. A similar proportion of dentists said that it was not appropriate for them to assist patients to quit. Dentists who hold this view are unlikely to practice smoking cessation interventions or want to invest in training to increase their skills and knowledge in smoking cessation. Thus, endorsement of the legitimacy of providing smoking cessation intervention in dental practice is a prerequisite to facilitating professional development in this area.

2. Moving from opportunistic to systematic interventions

The research shows that, in practice, dentists are more likely to implement one-off, opportunistic interventions rather than taking a systematic preventive approach. They favour interventions such as talking about the effects of smoking on dental health, the benefits of quitting and advising patients to give up. They are less likely to implement interventions that would require additional resources and a greater level of organisation amongst staff, such as

keeping records of patients' smoking status and following up patients. Also, dentists are more likely to intervene in response to the presence of a tobacco related dental health problem rather than taking a systematic disease prevention and health promotion approach. Dentists reported that they require training to be realistic and relevant to the context of their day-to-day running of the dental practice.

3. Developing a training format to meet dentists needs

Dentists said that they prefer smoking cessation training to be delivered as a package of information or as face-to-face training. For face-to-face training, dentists said that they prefer to participate in small sessions, linked with other conferences, regular professional meetings or other activities where time away from the practice was best utilised and travelling for dentists located outside metropolitan Melbourne was minimised.

Addressing the issues

The key issues mentioned above have been addressed throughout the development and implementation of the training package.

Content and format

The training aims to address dentists' limited confidence and ability to implement smoking cessation interventions and their underlying ambivalence about incorporating smoking cessation within their role as a dentist. A one-hour face-to-face training session was developed to incorporate brief information on the:

- strong evidence base for the effectiveness of health professionals in helping smokers to quit, the high proportion of smokers who are motivated to quit and patients' views about the role of health professionals (and dentists) in helping them to quit smoking
- the dentist's role and their effectiveness in helping smokers to quit
- impact of smoking on dental and general health
- psychology of smoking and quitting and
- use of pharmacotherapies in quitting.

A large component of the session presented strategies to help dentists provide brief smoking cessation advice. Strategies such as the 5As, were presented in the context of the approach dentists use to provide care (ie. examine, diagnose, plan, treat and follow up/continuing care) and tips were given on how to integrate the intervention into daily practice systems. Encouraging a smoke-free work place and fostering a team approach in the implementation of a program were also promoted within the training. Participants were also provided with up-to-date information on Quit services available to them and their patients.

Resources to aid implementation

The focus group discussions generated many useful suggestions for training outcomes. When dentists asked what they would like to take away from the training, they responded with very

practical suggestions such as skills that can immediately be put into practice and a flow chart or summary model of brief interventions.

The final package contains several resources to assist with implementation of smoking cessation advice in the dental setting:

- An A4 size chart that provides tips for the integration of the 5As with dentists' approach to care. A colour flow chart outlining the steps involved in the 5As appears on the reverse side.
- A Quitline referral card with tips on coping with cravings, the 4Ds, on the reverse.
- A smoker's assessment slip to attach to the patient's record to assist recording tobacco use status and follow-up.
- A Quit resources kit including: Smoking, your mouth your health; Quit because you can; Want to quit? Quitline (poster); What's your poison? (poster); It's never too late to quit/ Quit and save a packet; Ready, Set, Quit.

Process and Impact Evaluation

Process Evaluation

Two pilot training seminars were conducted in September and October 2002, one in metropolitan Melbourne (Kew) and one in country Victoria (Traralgon). A questionnaire completed by participants at the seminar was designed to collect participants' feedback on the content and format of the session and how the participants thought the training and resources would affect their work. The feedback indicated that almost all participants, as a result of attending the training, are more likely to raise the smoking issue with patients more often, increase their use of and referral to Quit resources and use the brief intervention strategy outlined in the seminar.

Follow Up Evaluation

A telephone survey of the dentists who attended the seminars was conducted three to four months after the training. The purpose of the survey was to assess the usefulness of the seminar and the resources and to gauge to what extent the dentists used what they learnt at the seminar in their day to day practice. A ten-minute telephone interview was conducted with all seminar participants in January and February 2002.

Most of the participants felt that the seminar had improved their knowledge and understanding of the 5As, their role in smoking cessation, addiction and smoking and health. Participants also felt that the seminar increased their confidence in asking patients about their smoking and increased their skills in asking, assessing and assisting patients with regard to smoking cessation.

The seminar was also successful in giving dentists useful strategies to integrate the 5As into their daily work, including providing assistance and following up with patients. Most dentists found the resources provided at the seminar useful. The referral card was most well used followed by the brochure and the tips and flowchart. Smoking status assessment forms provided within the package of resources were not popular. Most dentists had referred patients to Quitline since the seminar, however few dentists had ordered Quit resources.

The follow up evaluation indicates that the training package was well accepted by the dentists who attended the seminars and that it has been effective in influencing dentists' practice in providing smoking cessation advice to patients.

Sustainable Outcomes

Dentists who participated in the seminars report that they are more active in referring patients to Quitline. This is good evidence that the seminar has had a sustainable effect on their practice.

Additional activities have also been initiated both by Quit and through the ADA to help endorse the legitimacy of dentists providing smoking cessation intervention in the dental practice and to ensure sustainable outcomes for this project. These include:

- a request for the amendment of the ADA medical history questionnaire to include questions about smoking status.
- a letter to the Federal Schedule committee to explore the opportunities to incorporate 'smoking cessation advice' within the dental schedule of services.
- regular editorial in the ADA newsletters on smoking cessation in dental care.
- smoking cessation training being incorporated into the curriculum of 4th year dental students in 2001 and 2002 and of oral health therapy students in 2002 at the University of Melbourne.
- dentists being included in annual Quit World No Tobacco Day Promotions. Dental professionals can order Quit resources specific to oral health to assist with smoking cessation activities their practices

Lessons for future oral health promotion projects

Suggestions for future development of this project include to:

- Roll out the training package to target all dentists in the private and public sector.
- Conduct further research and development with other dental health professionals such as dental hygienists, dental therapists and dental assistants to adapt training to increase effective activity regarding smoking cessation by patients.
- Incorporate smoking cessation into undergraduate training of all dental health professionals.
- Develop system level interventions to facilitate effective smoking cessation activity within dental practices, (eg. Include recording of smoking and quitting behaviour information into computerised and manual dental office systems, include 'smoking cessation advice' within the dental schedule of services).

Develop community education initiatives to encourage dental patients to access smoking cessation advice and services through dental health professionals.