



Medical School Hotline

Tobacco Reduction Advocacy and Education for Hawaii's Physicians-in-Training

Meta T. Lee, MD, MEd
Assistant Professor of Pediatrics
Office of Medical Education

John A. Burns School of Medicine (JABSOM)

Tobacco remains the leading cause of preventable death and illness in this country.¹ Smoking is a known cause of cancer, heart disease, stroke, complications during pregnancy and chronic obstructive pulmonary disease in adults. Maternal smoking during pregnancy increases the risk of spontaneous abortion, fetal growth restriction, neurobehavioral deficits, and sudden infant death syndrome.² Moreover, second hand smoke accounts for significant morbidity in children resulting in serious respiratory tract illness, asthma, ear infections, hospitalizations, and missed days of school.³

The dilemma remains that although more than 70% of smokers report a desire to quit, more than one third of smokers report that their doctors never asked about their smoking status or urged to quit.⁴ Although physicians can play an important role, many fail to intervene due to lack of knowledge, confidence, and counseling skills in this area. Hence, lack of formal training in office based smoking cessation counseling has been suggested as a contributory factor for why clinicians are disinclined to intervene.⁴

At JABSOM, faculty, residents, and students have joined forces to address this issue by the developing of the Hawaii Residency Programs Tobacco Reduction Project, an interdisciplinary program, to facilitate teaching of smoking cessation counseling to physicians in training. Through this effort, it is anticipated that local physicians will become more effective in helping their patients live with healthier lives through smoking cessation.

JABSOM's residency programs provide post-graduate physician training in Pediatrics, Internal Medicine, Obstetrics and Gynecology, Surgery, Psychiatry, and Family Practice and Community Health. Graduates manage the health care of patients in hospitals and teaching clinics throughout the state of Hawaii. Most of the graduates remain in Hawaii and make up well over 50% of Hawaii's physician providers.

This project was developed to support discipline-specific educational activities in smoking cessation counseling, and to provide a dynamic mechanism whereby insights from those specific activities can be evaluated, refined, and applied to other disciplines and teaching sites. Faculty, residents and medical students representing each of the medical disciplines have established a Tobacco Reduction Education and Action Team (TREAT). This interdisciplinary work group meets regularly to discuss and evaluate tobacco specific educational interventions, and to recommend adaptations and refinements.

This project, established in Fall 2001, developed a smoking cessation curriculum across almost all residency training programs in the state of Hawaii. Residents are taught office-based counseling strategies for advising and helping their patients to quit smoking.

Residents across all disciplines learn national guidelines for smoking cessation counseling as recommended by the U.S. Surgeon General and consortium of national experts. Learning methods vary across disciplines to meet program and discipline-specific needs.

These efforts have resulted in the development of an "educational toolbox" of teaching material for faculty across disciplines. These tools include: PowerPoint presentations for didactic lectures, an interactive "jeopardy" game to enhance learning, "journal club" articles to stimulate discussions, cases and handouts for "role-playing", and video-taped demonstrations of smoking cessation counseling for evaluation and critique. In addition, evaluation tools have been compiled. They include checklists, rating forms, written exams, and survey instruments. Standardized cases, unique to each discipline, have also been introduced and a cohort of standardized patients have been trained for clinical performance evaluation.

Members from the TREAT interdisciplinary task force meet monthly to share ideas, problem solve, assess ongoing projects, and stimulate the development of future projects. Learning and mentoring occurs across disciplines and levels of training which include senior faculty, junior faculty, residents, medical students, nurses, and undergraduates. A virtual "blackboard" has also been created to provide internet access for the faculty, residents, and students to promote the exchange ideas, references, documents, and teaching material.

Currently, the Queen Emma Clinics serve as the primary multidisciplinary outpatient clinic site for residency training. Additional resources have been identified to supplement the patient care needs of the high risk patient population. At this teaching site, pulmonologists on the medical school faculty provide residents with additional training on outpatient-based strategies for smoking cessation screening and counseling. Resources have been established with the faculty at the Queen Emma Clinics' Addiction Clinic, and Queens Medical Centers' QUIT Tobacco Program. A smoking cessation "hotline" number was established for residents as a resource for getting their patients to quit smoking.

TREAT members provided education to community physicians at local Continuing Medical Education conferences. Faculty, residents, and students have also developed, implemented, evaluated, and disseminated their individual programs and ideas. In 2002, these program outcomes were disseminated at numerous local and national meetings.

Examples of JABSOM faculty participation:

Internal Medicine: Faculty developed curricula, teaching materials, and smoking cessation interventions within the Pulmonology Clinic at Queen Emma Clinic. These teaching tools and methods were piloted on Internal Medicine residents and found to increase their knowledge and confidence for counseling nicotine addicted patients.⁵

Pediatrics: Faculty developed an innovative method to teach residents how to counsel parents and patients to quit smoking. This approach improved the pediatric residents' knowledge, confidence and counseling skills when compared to the current traditional method of training.⁶ It increased the pediatric resident practice patterns for identifying smoking and environmental tobacco smoke as a medical problem when counseling their clinic patients.⁷

Surgery: Surgical residents were randomized to learn about smoking cessation counseling through either journal club or role-playing. Although all residents gained knowledge, confidence and clinical skills in counseling, there were no significant differences found in learning outcomes when comparing the two different teaching methodologies.⁸

Obstetrics and Gynecology: Faculty investigated ethnic health disparities among smoking pregnant women in our community. These findings determined disproportionately high smoking prevalence in pregnant women of Hawaiian or part-Hawaiian descent (25%) compared with all other ethnic groups studied (2-17%).⁹ Curricula are being developed to increase Ob-Gyn residents' provision of smoking cessation interventions to prenatal patients.

Psychiatry: Faculty mentored and assisted with the study design and analysis of all on-going projects within the entire program. Office of Medical Education faculty and the staff at the Center for Clinical Skills developed cases and training standardized patients for the evaluation of interventions.

To date, the project's infrastructure has been established, curricula developed and piloted, and a consortium of faculty, residents, students, and resources identified. Efforts are now directed at further developing and sustaining educational interventions within each residency program. Future effort will focus on strengthening the clinical resources for supporting smokers with their quit attempts, and expanding the educational programs to physicians within the community.

Recognition and appreciation are extended for the generous support of this project to Tobacco Prevention and Control Fund, Hawaii Community Foundation, Hawaii Outcomes Institute, National Center for Research Resources, National Institutes of Health, Hawaii Residency Programs, Inc., Anne E. Dyson Community Pediatrics Training Initiative, and the Hawaii Pediatric Research and Education Fund.

Inquiries regarding this project and its activities can be made to our Project Coordinator, Sara Murakami, at our TREAT Quit Line: 1-888-677-7848.

References

1. Centers for Disease Control and Prevention. Reducing Tobacco Use: a Report of the Surgeon General—Executive Summary. *MMWR* 2000; 49 (No. RR – 16):1-27.
2. Oncken CA, Pbert L, Ockene JK, Zapka J, Stoddard A. Nicotine replacement prescription practices of obstetric and pediatric clinicians. *Obstetrics and Gynecology* August 2000; 96 (2): 261-265.
3. Mannino D. Environmental tobacco smoke exposure and health effects in children: results from the 1991 National Health Interview Survey. *Tobacco Control*, 1996; 5 (1): 13-18.
4. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.
5. Splittstoesser L, Mangrobang C, Magyar R, Chan CS, Tam EK. A Smoking Cessation Curriculum for Internal Medicine Residents in Hawaii. Tobacco-Reducing Education and Action Team (TREAT). American College of Physicians/American Society of Internal Medicine Meeting: Honolulu, Hawaii. March 2002.
6. Lee M, Derauf C, Iwashita L, Shirakawa M, Hishinuma E, Kasuya R. Teaching Preventive Interventions to Pediatric Residents in Continuity Clinic. New Approaches in Medical Education Conference: Los Angeles, CA. May 9, 2002.
7. Lee MT, Yamasato K, Chang J, Hishinuma ES, Murakami SN, Tam EK. Does Formal Training in Smoking Cessation Counseling Affect Resident Physician Practice Patterns toward Tobacco Reduction? Pediatric Academic Society Meeting: Seattle, WA. May 6, 2003.
8. Roytman T, Steinemann S, Holzman J, Hishinuma E, Chang J, Nagoshi M, Tam E, Wong J. Effect of Two Methods of Teaching Smoking Cessation Counseling to Surgical Residents. Association for Surgical Education Conference: Vancouver, Canada. May 2003.
9. Kim DS, Holzman J, Millar L, Tam EK. Racial Disparities in the Prevalence of Smoking in Pregnant Women in Hawaii. Research Center for Minority Institutions Conference: Honolulu, Hawaii. January 2003.

Are you paying a hefty price for your medical malpractice coverage?

To protect your practice, you must have medical malpractice coverage. But at what cost? Medical malpractice premiums are on the rise, nationally. Some carriers have had substantial rate increases. Other carriers have pulled out of the market, leaving their insured searching for alternative coverage. Is there anyone you can count on in this time of uncertainty?

You can count on HAPI.

HAPI has been a reliable Plan for Hawaii's physicians for 25 years.



Started 25 years ago, HAPI is Hawaii's first, physician-owned, medical malpractice coverage provider. To learn more about HAPI and the cost savings it may offer you, call Jovanka Ijadic, our Membership Specialist.

HAPI's Physicians' Indemnity Plan

735 Bishop Street, Suite 311, Honolulu, HI 96813

Ph: 538-1908, www.hapihawaii.com