

Brief Tobacco Cessation Intervention – The ABC Model

This training standard was developed for the National Training Service (NTS) Alliance in consultation with subject matter experts.

The purpose of this training standard is to provide a benchmark for knowledge and skills that should be included when providing training on brief tobacco cessation interventions. This is to help ensure consistency in training content and alignment with best practice.

This standard is not designed to be prescriptive of how, when, or in what format training is delivered.

Training Standard:

Brief Tobacco Cessation Intervention

The following information outlines benchmarks or competencies for those working in roles providing brief tobacco cessation interventions using the ABC model - **A**sk about tobacco use, provide **B**rief advice, and offer help to quit (**C**essation support).

What: The need for Brief Intervention standards	Brief tobacco cessation interventions are provided by a broad range of people working in health care.
Who: The intended audience	Regulated and non-regulated health practitioners. These include, but are not limited to: <ul style="list-style-type: none">• Chiropractors• Dentists, dental hygienists• Dietitians• Doctors• Midwives• Nurses• Occupational therapists• Paramedics• Pharmacists• Physician associates• Physiotherapist• Podiatrists• Psychologists• Psychotherapists
Where: The location of services	The brief intervention is provided wherever health services are offered.
When: The time the services are offered	The brief intervention is provided at the point of contact appropriate to context and circumstances in health settings.
How: The way the sessions are delivered	A brief intervention will typically be provided opportunistically during face-to-face interactions. The intervention may also be provided during other contact, such as telephone or video-based communication.

<p>Benchmarks for Knowledge:</p>	<p><i>The practitioner is able to:</i></p> <ul style="list-style-type: none"> • Describe what a brief tobacco use intervention is and why it is important • Identify learnable key phrases to use with clients • Describe the benefits of quitting <ul style="list-style-type: none"> ○ To the individual ○ To others in the family • Describe what is available to help people quit
<p>Benchmarks for Skills:</p>	<p><i>The practitioner is able to:</i></p> <ul style="list-style-type: none"> • Engage with individuals from all cultures and all walks of life • Screen for tobacco use • Confidently raise the subject of becoming smokefree in a non-judgemental manner • Motivate a quit attempt • Encourage people to utilise cessation support • Deliver information related to tobacco cessation in both routine and difficult situations in an empathetic, non-confrontational manner <ul style="list-style-type: none"> ○ Provide information on cessation support that is available (e.g. Quitline, local stop smoking services, provision of stop smoking medicines) and help people access these. • Provide a simple memory jogger card / text / prompting tool or link so client can refer to it later (if these are available) • Respond effectively to refusal by individual when offered cessation support • Use a reflective approach to review your results of delivering brief intervention • Document that an offer of support was made and/or refused on xx date • Follow up conversation in future contacts to ensure the smoking status is reviewed, actioned and recorded accordingly • Ensure each individual makes an informed choice

Training and assessment consideration:

All training should include measurable learning outcomes and be delivered in a way that best suits the needs to the audience.

Attendees should be actively engaged in the learning rather than just sitting listening. This could include, for example, discussion groups, case studies, problem solving card sorts etc where the learner is actively learning rather than passively listening. Trainers may need to take into consideration that many trainees are busy people and need engaging and efficient training options.

Any programme should have a mechanism to check the **measurable learning outcome** was met or provide a reference tool the attendee can use in future.

The verb of the learning outcome dictates what the learner is able to do, for example, ***Describe three reasons for ...***

In this case the assessment should have learners each being able to ***describe the three reasons for ...*** and this could be achieved in group discussions, a multiple choice quiz (which has the learner identify the three correct descriptions), a take home handy reference card etc.

An important aspect to remember is that training has not worked unless learning has been checked.