

Advanced Competencies – Group Based Treatment (GBT)

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 in training on group-based treatment for smoking cessation. 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:

Advanced Competencies - Group Based Treatment (GBT)

The following information outlines benchmarks or competencies for those with advanced knowledge and skills working as stop smoking practitioners able to successfully facilitate group-based treatment (GBT) for smoking cessation.

What: The need for GBT standards	GBT is an alternative to providing face-to-face support on an individual basis. GBT has some advantages over individual support, but stop smoking practitioners need to be appropriately trained to be able to successfully facilitate GBT and address the issues and dilemmas these may raise. Groups can be closed or open (rolling) groups.
Who: The intended audience	Stop smoking practitioners who have completed core competencies – Smoking Cessation Fundamentals and Using Stop Smoking Medicines training.
Where: The location of services	GBT for smoking cessation can be provided in range of health care and community settings.
When: The time the services are offered	The provider will schedule the services at a time that best suits the needs of the majority of clients.
How: The way the sessions are delivered	The sessions will be delivered in a face-to-face environment. Stop smoking practitioners should align service delivery to the specific behaviour change techniques for GBT.

<p>Benchmarks for Knowledge:</p>	<p>It is assumed at this level the practitioner will have received training that meets the Core Competencies- Smoking Cessation Fundamentals and Using Medicines Training Standards.</p> <p>Practitioners must be able to:</p> <ul style="list-style-type: none"> • Use a process that aligns with the specific behavioural change techniques for GBT • Describe the advantages and disadvantages of group based treatment • Describe the facilitation styles that make group processes more successful • Describe all stop smoking medicines (as per the Using Medicines Training Standard, <i>not repeated here</i>) • Describe the fundamentals of smoking, addiction, etc. (as outlined in the Core Competencies – Smoking Cessation Fundamentals Training Standard, <i>not repeated here</i>)
<p>Benchmarks for Skills:</p>	<p>The person qualified to facilitate group based treatment would be able to facilitate supporting clients through the three stages of pre-quit, quit date and post-quit sessions.</p> <p>Practitioners must be able to:</p> <ul style="list-style-type: none"> • Convene and utilise a structured approach to facilitating closed and open (rolling) group based sessions • Use facilitation techniques that make group processes more successful • Provide an open and non-judgemental environment for group members • Set accurate expectations of the treatment programme • Encourage group tasks that promote interaction and bonding • Encourage mutual support as a key success factor • Deliver all the motivational and behavioural change elements, as in the fundamentals module, using a group approach • Explain tobacco withdrawal in ways the clients will understand • Explain the group support process and benefits of group based treatment • Explain <u>all</u> smoking cessation medicines accurately in consumer language as per the Core Competencies – Smoking Cessation Fundamentals and Using Medicines Training Standards including: medicines available, GP involvement, sourcing, use, and side effects. • Demonstrate the use of the CO monitor and explain how it will be used to monitor progress • Explain the quit date process • Explain the “Not a single puff” commitment • Develop a partnership approach in the community to ensure all clients can access the medicine of their 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.