AIR IT OUT
Smoking: what every teen should know

Provider and Peer Delivered Youth Smoking Intervention

Intervention Training Manual

For more information, please contact:

Susan Druker, MA
Susan.Druker@umassmed.edu

Lori Pbert, PhD
Lori.Pbert@umassmed.edu

TRAINING OVERVIEW

Intervention Trainees:

The Air it Out Program is designed to be delivered by pediatric health care providers (pediatricians, nurse practitioners, physician's assistants, and pediatric residents) (pages 3-5) and peer counselors (pages 6-11).

Intervention Recipients:

The Air it Out Program was delivered in the pediatric primary care office setting to all adolescents regardless of their smoking status. Pediatric providers delivered the intervention in person in the clinic during a regularly scheduled office visit. Peer counselors then met with the adolescent patients in the clinic for an initial 15-30 minute session immediately following the provider visit, and followed up with 10 minute telephone calls after 2, 6, 12 and 21 weeks.

Goals of Training:

1. To be able to implement the Air It Out intervention protocol using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).
2. To increase awareness of health and social risks of smoking (short and long-term), benefits of quitting and nicotine addiction in adolescents.

PEDIATRIC PROVIDER TRAINING

OVERVIEW

The provider-delivered component of the Air It Out Program was based on the 5A's model recommended by the U.S. Public Health Service clinical practice guideline and the American Academy of Pediatrics (AAP), adapted for use with adolescents. The intervention incorporated a patient-centered approach in which the providers ask about smoking, advise cessation or continued abstinence, and refer the patient to the peer counselor to develop a personalized strategy for cessation or maintained abstinence. A one-hour group session trained providers about adolescent smoking, nicotine addiction, health risks, benefits of quitting, and the provider's role. Clinical practice guidelines were presented and the peer counselor intervention was introduced. The providers practiced the intervention algorithm in pairs. Two to four weeks later providers met individually with the project director for practice and feedback to ensure fidelity to the algorithm. To evaluate the degree to which the provider faithfully executed their intervention algorithms patients were asked to complete a patient exit interview within 48 hours of their visit either in person or by telephone.

TRAINING SCHEDULE

Week	Time	TOPIC	CONTENT
1	1 hour	Project Kick-off	PowerPoint presentation (see Appendix A) Provider Algorithm (see Appendix B)
2 – 4	.5 hours	Individual session with Project Director	Provider Algorithm (see Appendix B)

TOTAL: 1.5 hours

WEEK 1: PROJECT KICK OFF

Learning Objectives:

1. Understand the scope of the problem and clinician's role
2. Describe the process of nicotine addiction
3. Articulate the health and social risks of smoking (short and long-term) and benefits of quitting
4. Be able to implement study algorithm using a patient-centered approach with a variety of patient types (nonsmoker, former smoker, smoker wishing to quit, smoker uninterested in quitting).

Agenda

I. Study Design

II. Learning Objectives

III. Scope of the problem

IV. Why are heath care providers important to help teens with smoking cessation and prevention

V. Estimated adult abstinence rates by clinician type and length of content

VI. Understanding nicotine addiction

VII. Relapse over time for heroin use, smoking and alcohol abuse

VIII. Health Risks related to tobacco use

    A. Health and Social Risks relevant to teens

    B. Benefits of quitting/not smoking

IX. Stress myth; Smokers report greater overall stress

X. Current AAP guidelines

XI. Provider algorithm

XII. Intervention practice

MATERIALS

Power point presentation (Appendix A)

Provider Algorithm (Appendix B)