



INTRODUCTION TO PHYSICIAN INTERVENTIONS

Physician Centered Approach

The guiding principle and one of the first messages we give to physicians is the reassurance that our interventions are designed to be physician centered. We do not want the physicians to do something apart from their practice. We want to know what the physician is currently doing, what his feelings are about his work, what his needs are and how s/he is hoping we will be able to help. We will, during the course of our work together, present many options for their consideration. However, we are hoping they will adopt only those that fit with their practice and may assist them with what they are currently doing or would like to be doing. We have nothing invested in getting them to do things “our way” - we do not presume to know what is best for them.

Physician Intervention Parallels Patient Intervention

Since our philosophy is “physician centered”, it is incumbent upon us to “model” the behavior we are hoping the physicians will adopt for their own in their interactions with patients. We introduce them (if we can meet face to face) to the CYCLE OF CHANGE (Precontemplation, Contemplation, Preparation, Action, Maintenance, Relapse), encouraging the physician to determine where her patient fits within the cycle. Then we help the physician to see that success does not depend upon a total cure, but on simply nudging the patient along to the next stage with a bit of counseling that fits the patient’s present position. The assumption being that, eventually, the patient will move through the cycle and be able to feel successful. In our consulting session, we suggest they might want to use the “5 As” (Address the agenda, assess position, advise, assist, arrange follow-up) as a way to remember the steps to include when counseling the patient. We also “model” the 5 As in our interventions with the physicians. You will see this spelled out on the intervention protocols. We, too, are hoping to be able to nudge the physician along in his cycle of change regarding counseling his patients.

Alternatives To Individual Physician Visits

There are several factors that might delay and/or change the scheduling of the various interventions. Because precontemplator physicians are difficult to schedule appointments with and there might not be time for 4 or 5 interventions. Any of the physicians may state they want no office involvement as they and their staff are already too busy. We then “drop-off” materials for smoking cessation interventions which the physician or office staff can implement on their own. There may be circumstances where an intervention is canceled and not rescheduled. There are cases where the physician does not want to meet with us, but would rather have his staff work with us instead. Therefore, the emphasis may be focused differently, according to the needs expressed. Group meetings may be requested by large practices, in place of, or in addition to, individual interventions. We may also adapt the context of sessions, for example, in cases where the physician has no office staff. The office procedures may be worked into another intervention instead of being addressed as a single focus intervention. Basically, we must be flexible enough to try to bring some concept or information to any physician despite his stage of readiness or needs expressed or time allowed. Even just our presence - doing drop-offs - once every two months may help a precontemplator physician begin to move into a contemplator position over time.

An Evolutionary Process

The protocols included here have evolved over time. They were not as orderly or complete in the beginning. But, they do represent our current thought and for the most part, our current delivery. Changes come about all the time as we see that one thing works better than another. We learn from the physicians just as they learn from us. It might even be true that a particular physician doesn't “discover” our information until long after we have completed our research. But if they become interested at a later point, they then have our materials in their desk and a list of agencies to turn to for help.

INTERMEDIATE INTERVENTION

CONTRIBUTING FACTORS AND FUTURE PLANS

INTRO

ESTABLISH RAPPOROT.

ASK
AND
ASSESS

INTRODUCE MENU AND ASK ABOUT OFFICE SELECTION - for future interventions.

BASIC INTERVENTION:

ADVISE

Audio **tape**.

AND

Vic Strecher **Counseling Flow sheet**.

ASSIST

Pharmacology tip sheet - talk about anxiety and depression and self medicating.

Also **address** “**Alcohol** first” and 50% of relapse occurs in presence of alcohol.

Introduce “**Urges**” and “**Relapse**” tip sheets.

OPTIONAL INTERVENTIONS:

Select or personalized information.

This time the information shared comes from a understanding of the questions this physician/office is wrestling with - or may apply to the particular specialty.

Current information.

This might cover information gathered from other physicians and/or from agencies and/or newspapers/TV.

ARRANGE

CLOSURE:

Request next meeting and express appreciation.

INCENTIVES:

Gourmet decaffeinated **coffee** for staff.

INTERMEDIATE INTERVENTION - OFFICE SUPPORT

INTRO

ESTABLISH SUPPORT.

INTRODUCE CONCEPT OF OFFICE ENVIRONMENT AND PERSONNEL SUPPORTING THE PHYSICIAN'S QUIT SMOKING MESSAGES.

ASK

BASIC INTERVENTION:

AND

Ask about present methods in use.

ASSESS

Introduce Office staff "tip sheet".

Mark Manley article.

ADVISE

Review vital signs stamp and article.

AND

Smoking assessment page from NCI.

ASSIST

Chart stickers.

Sample quit contract from NCI.

Tickle file and follow-up letter.

OPTIONAL INTERVENTION:

Select or personalized Information.

This time the information shared comes from a real understanding of the questions this physician or office is wrestling with - or may apply to the particular specialty.

Current information.

This might cover information gathered from other physicians and/or from agencies and/or newspapers/TV.

ARRANGE

CLOSURE:

Request next meeting and express appreciation.

INCENTIVE:

Vital signs stamp and article.

OPTIONAL INTERVENTION - REVIEW FORM

INTRO

ESTABLISH RAPPORT. ASK FOR PRESENT CONCERNS.

EXPLAIN TODAY'S PLAN TO REVIEW AND RECAP PAST INTERVENTIONS AND DISCUSSIONS, AND USEFULNESS OF MATERIALS. LOOK FOR OMISSIONS. DID YOU GET THE HELP YOU WERE HOPING FOR?

ASK

BASIC INTERVENTION:

AND

REINTRODUCE MENU:

ASSESS

Review past needs and discuss information.

Reinforce **Accomplishments.**

Ask for **feedback** - what's been helpful? Stamp, Desk prompt, NCI Manual, Resources Poster, Tent card, CMEs, Conversations.

Ask for what's been **omitted.** Is it purposeful or does it represent unmet **needs?**

OPTIONAL INTERVENTIONS:

ADVISE

Select or personalized information.

This time the information shared comes from a real understanding of the questions this physician or office is wrestling with - or may apply to the particular specialty.

AND

ASSIST

Current information.

This might cover information gathered from other physicians and/or from agencies and/or newspapers/TV.

CLOSURE:

Request next meeting and express appreciation.

INCENTIVES:

Tent card, Alex's Tip Sheets, new Precontemplation/Contemplation cards, Tee shirts, Guide for the Busy Physician.

FINAL VISIT FORMAT

INTRO **ESTABLISH RAPPORT.**

HELP OFFICE TO CONSIDER HOW TO CARRY ON WITHOUT PCS BY INTRODUCING LINKAGE ORGANIZATIONS.

BASIC INFORMATION:

ASK Current concerns/awareness

AND **Review** accomplishments/praise

ASSESS How can you **maintain** your present level of engagement with smokers?

Do you have any **future plans** re smoking cessation?

ADVISE

Safety net: Review NCI Manual, call us, call a neighboring physician.

AND

Linkage organizations - RI Cancer Society, RI Lung Association, Nat'l Cancer Institute.

ASSIST

RI Department of Health - PROJECT ASSIST: RI is one of 22 sites in 10 states ready to mobilize communities, physicians, schools, minorities, young women, older men, and blue collar workers. Begins in 1994, but Project Assist is in the planning stages now.

CURRENT INFORMATION: PCS Interventions are now over. We will continue to send you our PCS Newsletter which will include our research results and other new items of interest.

OPTIONAL INTERVENTION:

Select or personalized information. This is information that might apply to their particular practice or specialty or interests - or asked for at prior visit.

CLOSURE: Express appreciation for Dr.'s continuing awareness of the importance of SC interventions and also assurance that other agencies will continue this SC effort.

INCENTIVES: Give rolodex card, 5A's pocket card, complete new set of tip sheets, NCI phone number, and Poster of 6 sets of interventions for smoking patients.

