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Smoking cessation knowledge and attitudes towards training in uk 2nd year medical students

AB01PO

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Smoking remains a major public health problem in the UK (Callum. Health Education Authority, 1995). Clinician-delivered advice has a small but beneficial effect on patients' smoking rates but the current level of delivery of smoking cessation intervention in real-world settings is not high (Russell *et al. BMJ* 1979;**2**:231-5). Previously identified barriers to providing smoking cessation support include insufficient knowledge about smoking and intervention strategies, suggesting that provider education may increase the rate of provision of advice. Increasingly attention has been directed towards medical students as future medical practitioners and potential agents in smoking cessation (Frye & Haponik. *Am J Prev Med* 1996;**12**:4). However, as smoking-related knowledge deficits have previously been identified in medical students (e.g., Crofton *et al. Med Educ* 1994;**28**:187-96), increased efforts need to be directed at the development of knowledge and skills at the undergraduate level of training if, on qualification, these individuals are to be effective in supporting patients in stopping smoking. Here we describe a teaching session on smoking cessation delivered to 2nd year medical students, University of Aberdeen, in their Respiratory block. This incorporated learning about smoking-related knowledge and, in reference to literature from primary care (Coleman & Wilson. *BJGP* 1996;**46**:87-91) and medical education (The New Tomorrow's Doctors GMC July 2002) how best to apply this knowledge in practice using doctor-patient communication skills.

Intervention: A two-hour workshop involving didactic presentation, small-group discussion and case studies which ran twice, with approximately 60 students each time. Written literature was provided on intervention strategies, including NRT and bupropion.

Methods and Analysis: Smoking knowledge before and after the workshop was assessed using a 10-Item Objective Knowledge Questionnaire. Qualitative information on the value of the workshop as a learning experience, a good use of time, etc, was collected post-teaching. Mean scores were analysed using non-parametric tests due to the binominal nature of the data. Coding categories were developed for the qualitative data and analysed using standard qualitative methods.

Results: Knowledge on five (out of 10) individual knowledge items was significantly higher post-teaching. Four themes emerged from the qualitative feedback from the students: new knowledge of the cycle of change and intervention strategies; communication skills; the training methods; developing the workshop.

Conclusion: Positive smoking cessation knowledge changes can be achieved through teaching. Changes in knowledge and attitude towards the process of smoking cessation and mutual doctor-patient partnership were also observed from the qualitative data. Students are positive about such teaching but want it to involve patient contact. This intervention is seen as the first step in supporting medical undergraduates to develop the clinical knowledge and communication skills required to achieve competence in supporting patients to stop smoking.

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Facilitation of professional development in the management of acute asthma in primary care: a randomised controlled trial

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Background: Professional development requires practitioners to identify sub-optimal practice, and develop plans to improve care. The General Practice Airways Group (GPIAG) acute asthma development programme aims to facilitate this process.

Method: We invited 59 GP practices, in Grampian, Scotland, to participate. We randomised consenting practices to intervention and control groups. Data about practice organisation and the management at baseline of all the acute attacks occurring over 3 months (excluding children <5yrs) were collected retrospectively from the records. Audit results were fed back to intervention practices, who attended a workshop and were encouraged to formulate a development plan. Progress was assessed by a follow up audit at 6m

Results: 23 practices were randomised: 11 to intervention. Baseline demography and organisation were similar. The intervention group recorded 54 acute attacks at baseline (B) and 62 at 6 months (6m). After the workshop, intervention practices identified availability of peak flow (PF) meters and provision of self management plans as key areas for development. At 6m more GPs in the intervention group had a PF meter (B: 17/39 (44%) vs 6m: 33/38 (87%) $p < 0.001$) and more attacks had a PF assessment (B: 26/54 48% vs 6m: 49/62 79% $p < 0.001$) Post exacerbation arrangements improved, including follow up advice given to more patients (B: 22/54 41% vs 6m: 47/62 76% $p < 0.001$) and more patients were given a Self Management Plan (B: 6/54 11% vs 6m: 17/62 27% $p = 0.028$). No significant improvements occurred in the control group

Conclusion: In line with their stated intentions for development the intervention practices improved the objective assessment of attacks and improved follow up arrangements over the 6 months of the programme.

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