



Original research

Preparing nurses to intervene in the tobacco epidemic: Developing a model for faculty development and curriculum redesign



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ABSTRACT

As the largest group of health professionals, nurses have a tremendous potential to help curb the tobacco epidemic. However, studies conducted across a range of global settings continue to indicate that both practicing nurses and nursing student have limited knowledge, skills and confidence needed to implement evidence-based tobacco cessation interventions. A contributing factor is the limited inclusion of tobacco control content in nursing curricula. Additionally, there is limited understanding of nurse educators' knowledge and perceptions about teaching tobacco dependence content. This paper presents the Loma Linda University School of Nursing's concurrent experience with both faculty development and curriculum redesign in the area of tobacco dependence prevention and treatment. An internal survey was administered at baseline and at 2-year follow-up to assess faculty's knowledge, perceptions and practices related to teaching tobacco dependence content and skills ($n = 42$). Faculty and curriculum development strategies and resources utilized, evaluation findings and subsequent lessons learned are described. The findings have implications for nursing programs seeking to enhance their curricula and commitment to ensuring that their graduates are prepared to provide evidence-based tobacco cessation interventions with each patient they encounter.

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1. Background

Tobacco use is the leading cause of preventable death worldwide; accounting for nearly 6 million deaths per year (World Health Organization, 2015). By 2030 the death toll from tobacco is projected to be 8 million people per year, with more than 80% of these deaths occurring in low- and middle-income countries (Eriksen et al., 2015; World Health Organization, 2015). In the United States (U.S.) alone, over 480,000 Americans experience a preventable, premature tobacco-related death each year (U.S. Department of Health and Human Services, 2014). Currently, it is

estimated that 16.8% of all U.S. adults smoke, and when surveyed approximately 70% consistently report wanting to quit (Blackwell et al., 2014; Jamal et al., 2015). It is also estimated that most smokers (> 80%) are seen by a health care professional each year, yet in 2010, less than half (48.3%) reported being advised to quit during the encounter (Blackwell et al., 2014; Centers for Disease Control and Prevention, 2011). These findings highlight the gap between the current practice of health professionals and the recommended practice guidelines. For example, the U.S. Public Health Service-sponsored Clinical Practice Guideline, *Treating tobacco use and dependence, 2008 update*, recommends that dependence on tobacco/nicotine be treated as a chronic disease, and that all health care professionals should be prepared to assess and offer assistance with quitting at every patient visit using the “5 A's and 5 R's” (Fiore et al., 2008). (The 5 A's outline the five major tobacco dependence treatment intervention steps; Ask, Advise, Assess, Assist, and Arrange, and the 5 R's outline steps to take with patients who are

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not ready to quit; Relevance, Risks, Rewards, Roadblocks, and Repetition). Furthermore, Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC), which has now been ratified by 180 countries, recommends that “...(t)obacco control and tobacco cessation should be incorporated into the training curricula of all health professionals...at both pre- and post-qualification levels and in continuous professional development.” (2010, p.123).

As the largest group of healthcare professionals worldwide, nurses have tremendous potential to contribute to the reduction of tobacco use globally. A recent systematic review, which included studies from 13 high- and middle-income countries, found nurse-delivered smoking cessation interventions to be effective in helping smokers quit (Rice et al., 2013). The International Council of Nurses (ICN) recommends that tobacco use prevention and cessation should be integrated into nurses’ practice (2012). However, numerous studies conducted across a wide range of settings, including Australia, Canada, China, Greece, Ireland, Japan, Lebanon, Morocco, Serbia and the United States, have explored both practicing nurses’ and nursing students’ knowledge, attitudes and practices related to tobacco control and consistently recommended that more education is needed to ensure that nurses have the knowledge, skills, and confidence needed to provide evidence-based smoking cessation interventions (Chalmers et al., 2002; Chan et al., 2007; Chandrakumar and Adams, 2015; Gorin, 2001; Jenkins and Ahijevych, 2003; Johnston et al., 2005; Merrill et al., 2010; Moxham et al., 2013; O’Donovan, 2009; Obtel et al., 2014; Patelarou et al., 2011; Saade et al., 2009; Sarna and Bialous, 2005; Sekijima et al., 2005; Wetta-Hall et al., 2005).

One of the main reasons cited for this lack of preparation is a paucity of tobacco control content in nursing curricula (Sarna and Bialous, 2005; Sarna et al., 2006, 2009). In 2001, a survey of baccalaureate and graduate nursing education in the U.S. demonstrated that nursing programs’ curricula did not have sufficient content in tobacco dependence treatment, most specifically in the area of clinical tobacco cessation techniques (Wewers et al., 2004). Among the 909 schools surveyed, 97% reported spending 3 hours or less per curricular year on tobacco dependence treatment (Wewers et al., 2004). Similar findings have been found in more recent studies conducted on a state-level in the U.S., with specialty advanced practice programs, and across undergraduate schools of nursing in New Zealand, China, Japan, Korea, and the Philippines (Chan et al., 2008a; Heath et al., 2002; Hornberger and Edwards, 2004; Lenz, 2009; Price et al., 2008a, 2008b; Sarna et al., 2006; Wong and Stokes, 2011).

There is a growing body of studies focused on the development and evaluation of tobacco control curricula and educational interventions in schools of nursing (Butler et al., 2009; Chan et al., 2008b; Kelley et al., 2006; Lenz, 2009; Molina et al., 2012; Schmelz et al., 2010; Schwindt et al., 2014, 2016; Sejr and Osler, 2002; Sohn et al., 2012). These studies represent diverse settings, have utilized a range of formats including traditional classroom, web-based, and simulation-based, and provide a basis from which to establish the most effective educational strategies. While feasibility has been discussed in some of the reports, there has been minimal discussion in the literature on the actual process used to implement and integrate tobacco control education throughout a school of nursing’s curricula. Thus, schools of nursing that are willing to engage in curriculum redesign to include tobacco-related content have little guidance from others’ experience. This paper fills this literature gap. Additionally, while factors associated with faculty member’s intention to integrate tobacco control education have been explored, faculty member’s knowledge, practices and perceptions about current curricular content on tobacco dependence and related intervention skills remain relatively unknown

(Heath and Crowell, 2007). In 2007, the Loma Linda University School of Nursing was one of four health professional schools that participated in a University-wide initiative to enhance tobacco dependence curricula, referred to as “Teach Tobacco Treatment (TTTx)”. The primary goal of this professional development project was to facilitate faculty and curriculum development in the area of tobacco dependence education, with the ultimate goal of adequately preparing health professionals to provide tobacco dependence interventions appropriate to their discipline. Each school adapted this process to fit the characteristics and needs of their faculty and curriculum, and reports of these experiences have been published elsewhere (Arnett and Baba, 2011; Arnett et al., 2012).

This report will describe the Loma Linda University School of Nursing’s experience redesigning its curriculum to include training and content in the areas of tobacco prevention and tobacco dependence treatment and will discuss lessons learned in relation to implementation of faculty and curriculum development. The specific aims of this phase of the project were to (1) assess faculty members’ knowledge, perceptions and practices related to teaching tobacco dependence prevention and treatment; (2) assess tobacco dependence prevention and treatment content in the nursing curriculum; (3) provide tailored faculty development strategies and curriculum revision for tobacco dependence prevention and treatment; and (4) evaluate changes in curriculum and faculty knowledge, perceptions and practices related to teaching tobacco dependence prevention and treatment.

2. Methods

2.1. Stage 1- faculty and curriculum evaluation

After being presented with the overall vision and goals of the TTTx curriculum development project, the faculty voted to create a standing tobacco education committee, which included representatives from both the undergraduate and graduate programs. One of the first actions taken by the committee was to conduct a baseline internal survey among the faculty to assess their knowledge, perceptions and practices related to teaching tobacco dependence prevention and treatment in the curricula. The questionnaire used was originally developed by Davis et al. (2005) and had been modified and converted into an online survey format for the Loma Linda University School of Dentistry (Arnett and Baba, 2011). We further modified and adapted this online version into a 16-item questionnaire that reflected nursing practice and the nursing educational context. The survey assessed formal training in tobacco dependence treatment, teaching methods utilized, tobacco-related topics currently covered in courses taught, resources utilized by the faculty, assessment of student’s tobacco-related skills, perceptions related to the delivery of tobacco dependence training, as well as suggested topics for faculty development.

In the Fall of 2008, an e-mail invitation which explained the purpose and study procedures was mailed to all faculty members employed at > 0.4 full time equivalents (FTE) ($n = 41$). The e-mail included a link to the online questionnaire, which was anonymous and voluntary. Informed consent was implied by clicking on the link and initiating the survey. *SurveyMonkey*, a web-based resource center was able to track and remind survey respondents without violating anonymity. Up to three e-mail reminders were sent at two-week intervals. Other recruitment strategies included flyers posted in strategic locations throughout the school, and regular reminder announcements in faculty meetings. All study procedures were reviewed by the sponsoring institution’s Human Subjects Review Board and given exempt status.

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