

INTRODUCTORY MODULE REGISTRATION

Register for:

V

 $\begin{array}{c} \textbf{INSERT MODULE NAME} \\ \textbf{Module will be open from} : \ \text{Monday June 24}^{\text{th}} - \ \text{July 26}^{\text{th}}, \ 2013 \end{array}$

Places note that there is no fee for this module

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First Na	ame:
	ame:
Email:	
Retype	Emaii:
Organiz	zation:
	zation Address:
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Provinc	e/State/Region:
Country	Code/Zip Code:
Country	/ :
What la	anguages can you speak? (Check all that apply)
П	English
П	Spanish
П	French
П	Arabic
П	Portuguese
П	Chinese
П	Russian
What la	English Spanish French Arabic Portuguese Chinese Russian
What la	anguage do you speak most fluently? (Check only 1)
	English
	- Farmer
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	Arabic
	Portuguese
	Chinese
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Gende	r Male
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o Female

Occup	oation (check one):
Ad	dministrator	Pharmacologist/Pharmacist
CI		Researcher Researcher
N		Trainer/Educator
D	entist	Other
Acade	emic Credentials (check all that apply):
M	edical Degree	
	ursing Degree	
	asters Degree	
	octorate/PhD	
O	ther	
Please	e indicate if you v	ork in: (check all that apply)
	Hospital/acute ca	are
	•	
	Long Term Care	
	Community Care)
	Specialty Care	
	Research	
		<i>"</i> "
	Other (please sp	ecify):
Have	you received prev	vious tobacco dependence treatment training?
	Yes	
	Training offered	by:
Where	e did you hear abo	out this module?
	Flyer	
		vebsite
	Colleague	
	Listserv, or bulle	tin board on internet
	Organization/Co	mpany posting or referral
	Other (please sp	ecify):
If you	are a clinician, p	lease answer the following two questions:
Please	e identify your area	of focus
C	anaral practitioner	
	eneral practitioner ledical specialist	
	urgical specialist	
	lental Health speci	alist
		nurse, advanced practice nurse)
N	ledical social work	,
C	ther	
For ho	w many years hav	e you been in practice?
	Less than 5 year	
	5-10 years	
	More than 10 ve	are

Thank you for submitting your registration form







Learning Assessment #1

Introductory Module

Please take a few moments to fill out this assessment before starting the module.

We are interested in your self-assessment of the feasibility, importance and your confidence in using the various tools and interventions we will cover in this module, as well as getting an understanding of the impact this module will have on your work with your clients. Information collected will guide future course development.

First Name	e:		Last Name:
Do you cu	rrently have an	y clinical contact*	with clients/patients?
□ Yes	□ No	Other	
*clinical con	tact refers to direc	t contact for the purpo	ose of providing care or treatment
KNOWLE	OGE AND CONF	IDENCE ASSESSI	MENT QUESTIONS
	,		remove the asterisk when administering test

A smoker is not sure that he wants to quit. Your best next step is to:

- a. emphasize the benefits of continuing to smoke
- b. explore the reasons for his ambivalence, attempting to resolve his ambivalence in favor of stopping smoking*
- c. show him pictures of diseased lungs to warn him of the effects
- d. prescribe Varenicline immediately

Which of the following is the BEST way of assessing tobacco users' motivation to quit?

- a. Formally assess what stage of change they are in according to the Transtheoretical Model
- b. Ask them to go away and think about whether they really want to quit and see if they return
- c. Ask them to reduce their tobacco use and wait and see if they manage that
- d. Simply ask the tobacco user whether they are ready to quit completely and quit for good*

A 45-year old woman has relapsed for the 4th time and feels she should just accept that she will be a lifelong smoker. The most appropriate response is:

- a. advise her about the chronic relapsing nature of tobacco addiction and invite her to make another guit attempt*
- b. prescribe her some diazepam to reduce her anxiety.
- c. advise her to use an e-cigarette
- d. tell her she must guit or else she will develop a tobacco related disease

Which of the following statements about how your patients might react to brief advice is most likely to be true?

- a. They will tell me to mind my own business, as smoking is legal
- b. They will listen to me but not act on the help that I offer
- c. They will expect me to be asking about their smoking and will welcome help with quitting*
- d. They will not say anything at the time but it will harm my relationship with them

Please indicate your level of agreement with each of the following statements as applicable for providing treatment for tobacco use.

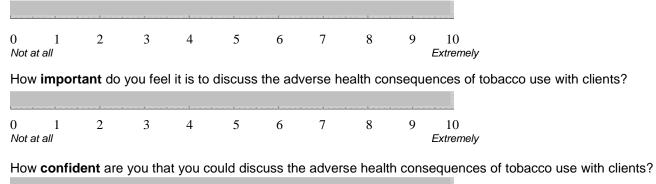
I feel competent to:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable
Complete a tobacco use history						
Diagnose nicotine dependence						
Recognize the symptoms of nicotine withdrawal						
Incorporate pharmacotherapy into the treatment plan						
Incorporate relapse prevention approaches						
Apply at least two motivational interviewing techniques						

For the following questions please rate the feasibility, importance and confidence of applying key concepts and strategies in each of the areas outlined below:

1. Discussing the adverse health consequences of tobacco use:

Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lack	of
practice) allow you to discuss the adverse health consequences of tobacco use with clients?	



0	1	2	3	4	5	6	7	8	9	10
Not a	nt all									Extremely

2. Identifying the basic neurobiology of tobacco dependence: Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lacing practice) allow you to identify the basic neurobiology of tobacco dependence?	Do you cu	rrently o	discuss	the ad	verse h	ealth c	onseque	ences	of tob	acco use with clients?
Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lacing practice) allow you to identify the basic neurobiology of tobacco dependence?	□,	Yes, rout	inely	_	Yes, to	a limite	ed extent			□ No
Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lacing practice) allow you to identify the basic neurobiology of tobacco dependence? 0										
Practice) allow you to identify the basic neurobiology of tobacco dependence? 0	2. Ident	ifying t	he ba	sic ne	urobio	ology	of toba	cco d	deper	idence:
How important do you feel it is to identify the basic neurobiology of tobacco dependence?										
How important do you feel it is to identify the basic neurobiology of tobacco dependence?	L									
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How confident are you that you could identify the basic neurobiology of tobacco dependence? 0	How impo	rtant do	you fee	l it is to	identify	the bas	sic neuro	biology	y of tob	acco dependence?
How confident are you that you could identify the basic neurobiology of tobacco dependence? O	0 1				·····					10
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How important do you feel it is to integrate tobacco dependence treatment into clinical practice? 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely	practice) c	anow you	to intog	grate to	<i>,</i>	оронас	noc troa		into om	modi produce :
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Are you currently integrating tobacco dependence treatment into clinical practice?	-	-	_	_		-			t into (•

4.	Evidence-based	screening an	d assessmen	t tools for	tobacco de	ependence:

	ce) allo									t, client resistance or motivation, lack of assessment tools for tobacco dependent	
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0 Not at a	1 //	2	3	4	5	6	7	8	9	10 Extremely	
		nt are y			ould ada	pt and	apply e	vidence	-base	d screening and assessment tools for	
0 Not at a	1 //	2	3	4	5	6	7	8	9	10 Extremely	
Do you		ently us	se evic	dence-b	ased so	reenir	ng and a	assess	ment t	tools for tobacco dependence with	
	☐ Ye	s, routin	nely	□	Yes, to	a limite	ed exten	t		□ No	
5. Im	nplem	entino	n beh	aviou	ral and	l moti	ivation	al inte	orvor	ntions for tobacco dependence:	
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6. Accessing additional learning resources on tobacco dependence treatment to use in clinical practice:

	i ce) a ce?	llow you	to acc	ess addi	tional le					t, client resistance or motivation, lack of dependence treatment to use in clinical
0 Not at a	1 all	2	3	4	5	6	7	8	9	10 Extremely
How i i clinica			you fee	el it is to	access	additior	nal learn	ing res	ources	s on tobacco dependence treatment to use in
0 Not at a	1 all	2	3	4	5	6	7	8	9	10 Extremely
		lent are		at you co	ould acc	ess ad	ditional	earning	g resou	urces on tobacco dependence treatment to
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How i	mpor	_	you fee		advoca			•		(e.g. organizational or community) level
				terventio	ins?				yotom	
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Learning Assessment #2

Introductory Module

Please take a few moments to fill out this assessment before starting the module.

We are interested in your self-assessment of the feasibility, importance and your confidence in using the various tools and interventions we will cover in this module, as well as getting an understanding of the impact this module will have on your work with your clients. Information collected will guide future course development.

First Name:		L	ast Name:
Do you curren	tly have any cli	nical contact* with o	clients/patients?
□ Yes	□ No	☐ Other	
*clinical contact r	efers to direct con	tact for the purpose of p	providing care or treatment

KNOWLEDGE AND CONFIDENCE ASSESSMENT QUESTIONS

Correct response is denoted with an asterisk* - remove the asterisk when administering test

A smoker is not sure that he wants to quit. Your best next step is to:

- a. emphasize the benefits of continuing to smoke
- b. explore the reasons for his ambivalence, attempting to resolve his ambivalence in favor of stopping smoking*
- c. show him pictures of diseased lungs to warn him of the effects
- d. prescribe Varenicline immediately

Which of the following is the BEST way of assessing tobacco users' motivation to quit?

- a. Formally assess what stage of change they are in according to the Transtheoretical Model
- b. Ask them to go away and think about whether they really want to quit and see if they return
- c. Ask them to reduce their tobacco use and wait and see if they manage that
- d. Simply ask the tobacco user whether they are ready to quit completely and quit for good*

A 45-year old woman has relapsed for the 4th time and feels she should just accept that she will be a lifelong smoker. The most appropriate response is:

- a. advise her about the chronic relapsing nature of tobacco addiction and invite her to make another quit attempt*
- b. prescribe her some diazepam to reduce her anxiety.
- c. advise her to use an e-cigarette
- d. tell her she must guit or else she will develop a tobacco related disease

Which of the following statements about how your patients might react to brief advice is most likely to be true?

- a. They will tell me to mind my own business, as smoking is legal
- b. They will listen to me but not act on the help that I offer
- c. They will expect me to be asking about their smoking and will welcome help with quitting*
- d. They will not say anything at the time but it will harm my relationship with them

Please indicate your level of agreement with each of the following statements as applicable for providing treatment for tobacco use.

I feel competent to:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	Not Applicable
Complete a tobacco use history						
Diagnose nicotine dependence						
Recognize the symptoms of nicotine withdrawal						
Incorporate pharmacotherapy into the treatment plan						
Incorporate relapse prevention approaches						
Apply at least two motivational interviewing techniques						

For the following questions please rate the feasibility, importance and confidence of applying key concepts and strategies in each of the areas outlined below:

1. Discussing the adverse health consequences of tobacco use:

Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lack of
practice) allow you to discuss the adverse health consequences of tobacco use with clients?



How important do you feel it is to discuss the adverse health consequences of tobacco use with clients?



How confident are you that you could discuss the adverse health consequences of tobacco use with clients?

0	1	2	3	4	5	6	7	8	9	10
Not a	nt all									Extremely

2.	Identifying	the basic	neurobiology	of tobacco	dependence:
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Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lack of practice) allow you to identify the basic neurobiology of tobacco dependence?

0 1 2 3 4 5 6 7 8 9 10
Not at all Extremely

How **important** do you feel it is to identify the basic neurobiology of tobacco dependence?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

How confident are you that you could identify the basic neurobiology of tobacco dependence?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

3. Integrating tobacco dependence treatment into clinical practice:

Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lack of practice) allow you to integrate tobacco dependence treatment into clinical practice?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

How important do you feel it is to integrate tobacco dependence treatment into clinical practice?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

How confident are you that you could integrate tobacco dependence treatment into clinical practice?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

4. Evidence-based screening and assessment tools for tobacco dependence:

Do practical limitations and ability (such as time, funding, support, client resistance or motivation, lack of practice) allow you to adapt and apply evidence-based screening and assessment tools for tobacco dependence with clients?

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

dependence	e with c	lients?							
0 1 Not at all	2	3	4	5	6	7	8	9	10 Extremely
How confid tobacco dep				ould ada	apt and	apply e	vidence	-base	d screening and assessment tools for
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5. Implei	mentii	ng bel	naviou	ral an	d moti	ivatior	nal inte	ervei	ntions for tobacco dependence:
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0 1 Not at all	2	3	4	5	6	7	8	9	10 Extremely
6. Acces	_		onal le	arning	g reso	urces	on tok	acc	o dependence treatment to use in
									t, client resistance or motivation, lack of dependence treatment to use in clinical
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How import clinical prac		you fee	el it is to	access	additior	nal learr	ning reso	ources	s on tobacco dependence treatment to use
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How important do you feel it is to adapt and apply evidence-based screening and assessment tools for tobacco

How confi use in clini			it you co	ould acc	ess ad	ditional	learning	j resou	urces on tobacco dependence treatment to
0 1 Not at all	2	3	4	5	6	7	8	9	10 Extremely
7. Provi	iding ad	dvoca	cy or i	nterve	ntion	at the	syste	em le	evel:
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	ow will pact o		_				ealth o	cons	equences of tobacco use have an
<u>I plan</u>	to:								
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			mation	surround	ding the	e advers	se healt	h cons	sequences of tobacco use with my
	colleag		I was al	ready d	oing thi	is in my	practice	Э.	
٥	Other (olease o	describe	·):					

□Ido	not	plan to incorporate adverse health consequences of tobacco use into my clinical practice.									
2.		ow will learning about <u>identifying the basic neurobiology of tobacco dependence</u> eve an impact on your clinical practice?									
L	<u>olan</u>	to:									
	☐ Incorporate knowledge of basic neurobiology of tobacco dependence into my clinical practice ☐ I was already doing this in my practice.										
		Share the knowledge of basic neurobiology of tobacco dependence with my colleagues I was already doing this in my practice.									
	_	Other (please describe):									
	. Но	plan to incorporate knowledge of basic neurobiology of tobacco dependence into my clinical practice ow will learning about integrating tobacco dependence treatment into clinical actice have an impact on your clinical practice?									
<u>ال</u>	<u>b.</u> olan	·									
		List benefits of various interventions in tobacco dependence treatment when providing information to clients □ I was already doing this in my practice.									
		Discuss tobacco dependence treatment integration into the workplace with colleagues and management									
	_	Other (please describe):									
	. Но	plan to integrate tobacco dependence treatment into my clinical practice ow will learning about evidence-based screening and assessment tools for bacco dependence have an impact on your clinical practice?									
Li	<u>lo</u> olan	<u> </u>									
		Use the Five A's (Ask, Advise, Assess, Assist, Arrange) in tobacco dependence treatment counselling ☐ I was already doing this in my practice.									
	П	Use standardized screening and assessment tools with clients									

		☐ I was already doing this in my practice.
Į		Document tobacco use and treatment plan in client chart □ I was already doing this in my practice.
(Other (please describe):
- -		
inical p		plan to implement evidence-based screening and assessment tools for tobacco dependence in my ctice
<u>1</u>	for ch	ow will learning about <u>implementing behavioural and motivational interventions tobacco dependence</u> with clients who are ambivalent towards health behaviour ange have an impact on your clinical practice?
		Incorporate the "spirit" of motivational interviewing (Compassion/Acceptance/Partnership/Evocation)
		into my practice. □ I was already doing this in my practice.
Į		Increase use of open-ended questions with clients I was already doing this in my practice.
(Increase use of affirmations with clients □ I was already doing this in my practice.
Į		Increase use of reflective listening with clients (simple and complex reflections) □ I was already doing this in my practice.
Į		Increase use of summary statements with clients □ I was already doing this in my practice.
Į		Work with ambivalence by taking the side of "no change" leaving the other side for the client ☐ I was already doing this in my practice.
Į		Access additional resources (publications and websites) related to motivational interviewing I was already doing this in my practice.
Į		Other (please describe):
-		
l do n	ot r	plan to implement behavioural and motivational interventions for tobacco dependence in my clinical
actice	'	

6. How will learning about <u>accessing additional clinical tools and resources on tobacco dependence treatment and continuing professional development</u> have an impact on your clinical practice?

<u>l pla</u>	<u>an</u>	to:
Į		Access clinical cessation tools and resources that are specific to my practice setting
Į		Share with colleagues the available clinical tobacco dependence treatment tools and resources to use with clients □ I was already doing this in my practice.
Ţ		Other (please describe):
-		
□ I do no	ot p	plan to access clinical cessation tools and resources that are specific to my practice setting
What are practice		ome possible barriers that might present challenges in making changes to your clinical
What ar	e s	ome of the things that have supported or enabled you to make these changes?

Any other comments?