Clinical Checklist: Pre-quit assessment (Session 1) Practical

Darush Attar-Zadeh responses (you can find ones which best suit you)

Reflect back points throughout to demonstrate you have been listening.

1. Promoting the NHS program (Explaining the process)

- We run a successful stop smoking service lots of our patients/customers/clients/service users/students have successfully stopped.
- It's a FREE service with regards to the support and the medication is heavily subsidised by the NHS.
- It is evidence based and you're many (4) more times likely to stop
- Research also shows if you come every week and take the medications that are available your likelihood of succeeding is greatly improved.
- Each week we do a CO reading which is really motivational as you can see your levels as a smoker and then a non-smoker

2. Assessing current readiness and ability to quit

Why do you want to stop smoking?

3. Assessing current smoking

How many do you smoke a day?

4. Assessing past quit attempts

Have you tried stopping smoking before?

(If yes) What's the longest period you have managed to stop for?

2 weeks? – Wow! That's fantastic; can you remember what the main reason for relapse was? Did you use any medication on previous occasions?

5. Assessing nicotine dependence

How soon after getting up in the morning do you have your 1st cigarette? Do you smoke when you're ill in bed? Do you hard to refrain from smoking when you're on the plane or in a cinema etc.?

Do you get up in the middle of the night to smoke?

6. Explaining & conducting carbon monoxide (CO) monitoring

There are many health benefits to stopping smoking.

It only takes 24 hours for the poisonous gas to come out of your blood and lungs so the benefits are immediate. It's what starves your blood of oxygen, meaning it can be harder to breath etc.

It's a motivational tool, would you like to see what your readings are as a smoker and we can then see the readings drop in subsequent sessions?

7. Explaining the importance of abrupt cessation and the "not a puff" rule

Have you ever tried cutting down previously?

(If yes) What happened? - It crept back up

Can you see why it's important that you pick a quit date and then not a smoke a single puff of a cigarette. The evidence shows that even if you smoke one puff there is a 95% chance that you could go back to smoking, however good the intentions are.

8. Informing the client about withdrawal symptoms

It's common for some things to get worse before they get better after you stop smoking. When you stopped smoking the last time, did you experience any withdrawal symptoms? (Or recovery symptoms?)

Mood swings (sometimes depression), irritability and lack of concentration can happen in the first few weeks of stopping. This is best relieved by using the medication effectively. Some people may get a cough after stopping, this is generally seen as a positive sign as it's like your lungs are giving themselves a spring-clean.

9. Discussing medication

Have you used any medication in the past? What have you tried? How did you use it? How long for etc.

(If not tried anything) – What medications have you heard about? Would you like me to run through the other treatments? (Informed choice essential)

10. Setting the quit date

When would you like to go Smoke free?

(If they're not sure) What most people do is set a date within the 1st couple of weeks as it's soon after today's session and your motivation is high.

11. Discussing preparations and providing a summary

Have you thought about what you are going to do between now and your quit date in preparation?

What do you think will help reduce temptations on and after your quit date?

What some people do is smoke as normal and make their last memories of smoking unpleasant e.g. Smoking outside in the rain.

Let's summarise what we discussed earlier.....

Can you let me know what your goal is for next week?

12. Prompting a commitment from the client

What we have found when we run these sessions is that if a person verbalises their intent out aloud it has a lot more meaning. In other words rather than me saying your quit date is on Wednesday afternoon, it is a lot more empowering if you say it. E.g. I promise I won't have a single puff of a cigarette from Wednesday onwards.

13. Arrange next appointment

If for any reason you're not able to attend the next session, how would like me to contact you? What's the best number or do you prefer email?

Clinical Checklist	Pre-quit assessm	ent (Session 1)
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Comp	oetencies	Observed	
•	Assessing current readiness and ability to quit		
•	Informing the client about the treatment programme		
•	Assessing current smoking		
•	Assessing past quit attempts		
•	Assessing nicotine dependence		
•	Explaining & conducting carbon monoxide (CO) monitoring		
•	Explaining the importance of abrupt cessation & the 'not a puff' rule		
•	Informing the client about withdrawal symptoms		
•	Discussing medication		
•	Setting the quit date		
•	Prompting a commitment from the client		
•	Discussing preparations and providing a summary		
Communication skills used throughout this session:		Tick <i>each time</i> observed	
•	Boost motivation and self-efficacy		
٠	Build rapport		

- Use reflective listening
- Provide reassurance

This checklist can be found at the back of the Standard Treatment Programme, which is available to download from the Training Resources Section at www.ncsct.co.uk

Clinical Checklist: Quit Date (Session 2)

This visit involved the following competencies	Observed
Confirming current readiness and ability to quit	
 Confirming that the client has sufficient supply of medication and discussing expectations of medication 	
 Discussing withdrawal symptoms and cravings/urges to smoke and how to deal with them 	d 🗆
Advising on changing routine	
 Discussing how to address the issue of the client's smoking contac and how the client can get support during their quit attempt 	cts 🗆
Addressing any high risk situations in the coming week	
Conducting carbon monoxide (CO) monitoring	
Confirming the importance of abrupt cessation	
Prompting a commitment from the client	
Discussing plans and providing a summary	

General strategies for avoiding smoking will also be covered.

Communication skills used throughout this session:

Tick *each time* observed

- Boost motivation and self-efficacy
- Build rapport
- Use reflective listening
- Provide reassurance

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Clinical Checklist: Post-Quit (Sessions 3-5)

These visits should follow a similar pattern and evolve	Observed
Checking on client's progress	
Measuring carbon monoxide (CO)	
 Enquiring about medication use and ensuring that the client has a sufficient supply 	;
 Discussing any withdrawal symptoms and cravings/urges to smooth that the client has experienced and how they dealt with them 	oke 🗌
Discussing any difficult situations experienced and methods of c	
 Addressing any potential high risk situations in the coming week 	۲ D
 Confirming the importance of the 'not even one puff' rule and prompting a commitment from the client 	
Providing a summary	

General strategies for avoiding smoking will also be covered.

Communication skills used throughout this session:

Tick *each time* observed

- Boost motivation and self-efficacy
- Build rapport
- Use reflective listening
- Provide reassurance

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Clinical Checklist: Final session

This final session is very similar to sessions 3-5 but will <i>in addition</i> involve	Observed
 Confirming the importance of the 'not even one puff' rule and prompting a commitment from the client 	
 Advising about continued medication use and ensuring that the clicknows where to obtain further supplies 	ent 🗌
 Discussing any difficult situations experienced and methods of cop and addressing any potential high risk situations in the future (i.e. stressful situations that they have not experienced over the pa four weeks) 	
How to access additional support if needed	
• What to do if the client lapses (i.e. before relapsing)	
Providing a summary	

Communication skills used throughout this session:

•	Boost	motivatio	n and	self-efficacy	1
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- Build rapport
- Use reflective listening
- Provide reassurance

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Tick *each time* observed

