

# Nicotine Dependence Treatment Continuing Education & Certification Program

Earn Certification to *utilize* an evidence-based nicotine dependence intervention to help save a life!

Evidence-based interventions that encourage *quitting* and prevent youth smoking continue to be underutilized.

~ a Report of the Surgeon General, 2014

Be A Lifesaver!

Program

**Basic Tobacco Intervention Skills Certification** for Native Communities

Date

January 26-28, 2021

Time

9am—11:30am

Location

Zoom: <https://us02web.zoom.us/meeting/register/tZ0odOCvrT8iGdcritUCRnS39bx9zejWBS0h>

Team Lead

Efraim Lopez [elopez@crihb.org](mailto:elopez@crihb.org)

Registration Form

Register on zoom and complete form below

[elopez@crihb.org](mailto:elopez@crihb.org) or [mmeza@crihb.org](mailto:mmeza@crihb.org)

For information contact

## Program Objectives:

1. Engage commercial tobacco users in a culturally relevant and sensitive manner
2. Assess for commercial tobacco use and exposure to secondhand/thirdhand smoke.
3. Conduct a culturally responsive integrated, state-specific Five A Model brief intervention for health risk behavior change.
4. Demonstrate effective use of culturally adapted patient self-management resources to evoke confidence in a health risk behavior change.
5. Describe pharmacotherapy options for commercial tobacco dependence treatment.
6. Document details of interventions for treatment of commercial tobacco dependence.
7. Follow-along and follow-up with individuals using a disease management approach.
8. Refer patients/clients who use commercial tobacco to relevant intensive treatment services.
9. Connect Native people who are dependent on commercial tobacco with supportive resources.
10. Establish protocols to systematically prevent/treat commercial tobacco use and dependence.



# Basic Tobacco Intervention Skills

## Registration Form January 26-28, 2021

Name \_\_\_\_\_ Degree \_\_\_\_\_ Today's Date \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Are you a health or human service professional?  Yes  No

What type(s) of patients/clients do you work with and what percentage of each type?

- Medicare Patients \_\_\_\_\_ %  Managed Care Patients \_\_\_\_\_ %  Indian Health Service Patients \_\_\_\_\_ %  
 Uninsured Patients \_\_\_\_\_ %  VA Patients \_\_\_\_\_ %  Private Patients \_\_\_\_\_ %  
 Other (please specify) \_\_\_\_\_ %

What tobacco dependence treatment practices currently exist in your healthcare system?

If yes, which one? \_\_\_\_\_ Tribal affiliation \_\_\_\_\_

### Background Information

Total years of education completed (circle one) 9 10 11 12 13 14 15 16 17 18+  
High School College Post-Graduate

Major/area(s) of specialization: \_\_\_\_\_

List education, special training, licenses, or certifications in substance abuse or behavioral health: \_\_\_\_\_

How long have you worked in tobacco control? \_\_\_\_\_ years \_\_\_\_\_ months  less than 1 month

Purpose for registering for this program: \_\_\_\_\_

Languages in which you are fluent: \_\_\_\_\_

### Contact Information

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ County \_\_\_\_\_  
( ) ( )

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
( ) ( )

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Demographic Information

Race/Ethnicity (please specify)

- American Indian/Alaska Native \_\_\_\_\_  Multiethnic \_\_\_\_\_  
 Asian \_\_\_\_\_  Native Hawaiian or other Pacific Islander \_\_\_\_\_  
 Black/African American \_\_\_\_\_  White \_\_\_\_\_  
 Hispanic/Latino \_\_\_\_\_  Other \_\_\_\_\_

Gender: Female  Male  Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Do you require Continuing Education Credits to renew your professional license?**

Yes  No

\_\_\_\_\_  
If yes, what profession? Signature

**Official Use ONLY**

Instructor: \_\_\_\_\_

Instructor Initials: \_\_\_\_\_

# Native Communities

## Confidence Self-Assessment

The following statements address competencies related to assisting people who are tobacco dependent to abstain from tobacco use. **Please indicate your level of confidence in addressing these issues by circling the most appropriate number.**

	Definitely Not Confident	Not Confident	Undecided	Confident	Definitely Confident
1. I can screen for and assess tobacco use	1	2	3	4	5
2. I can accurately assess my clients' motivation to quit	1	2	3	4	5
3. I can perform a brief intervention for tobacco cessation	1	2	3	4	5
4. I can explore issues related to smoking and quitting, even with someone NOT INTERESTED in quitting	1	2	3	4	5
5. I can accurately assess the dependence level of my clients	1	2	3	4	5
6. I can effectively use patient education materials for tobacco cessation	1	2	3	4	5
7. I can provide clients with accurate information regarding the health benefits of quitting	1	2	3	4	5
8. I can personalize the benefits of quitting with each individual client	1	2	3	4	5
9. I can create office protocols to support tobacco cessation	1	2	3	4	5
10. I can provide clients with simple advice and instructions about nicotine replacement therapy	1	2	3	4	5
11. I can describe first-line pharmacotherapies for tobacco cessation	1	2	3	4	5
12. I can help clients develop a personalized plan for quitting	1	2	3	4	5
13. I can help clients identify community resources to help them quit	1	2	3	4	5
14. I can arrange for appropriate follow-up for my clients	1	2	3	4	5

## Knowledge Self-Assessment

The following questions are designed to assess your level of knowledge about tobacco issues before completing the Basic Tobacco Intervention Skills for Native Communities certification. Your answers on these questions do not count for a grade. **Please circle the one response that provides the best answer.**

1. Tobacco use should be brought up with the patient/client:		
a. whenever the patient is presenting with a tobacco-related problem because he or she will be more motivated to quit	d. only every few months, so that the patient does not feel that he or she is being "nagged" about quitting	
b. at every visit	e. only by the physician	
c. only during general check-up visits when the patient is more likely to be focused on lifestyle issues		
2. The highest risk for relapse from nicotine withdrawal is:		
a. after the first week of being tobacco free	c. during the first two weeks after quitting	
b. during the first 24 hours after quitting	d. up to three months after quitting	
3. Name the first non-nicotine medication approved for use in treating tobacco dependence:		
a. Claritin	d. Valium	
b. Dexatrim	e. Zyban	
c. Flonase		
4. Name the Five As:		
a. ask, advise, assess, arrange, act	d. anticipate, advise, assess, arrange, act	
b. ask, advise, admonish, assist, arrange	e. approach, ask, advise, assist, arrange	
c. ask, advise, assess, assist, arrange		

# The University of Arizona HealthCare Partnership

## Tobacco Dependence Treatment Certification Program

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Which of the following tobacco control activities are routine procedures within your workplace setting?  
*(please check all that apply, N/A = Not Applicable)*

Yes	No	N/A	ASSESSMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Ask patients/clients/significant others about current commercial tobacco use at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ask patients/clients/significant others about past commercial tobacco use at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Ask patients/clients/significant others about the potential of environmental tobacco smoke exposure within their home, workplace, vehicles, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Discuss the importance of quitting with patients/clients/family/friends unwilling to quit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Distribute self-help materials to commercial tobacco users on a consistent basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other <i>(please specify)</i> _____

  

Yes	No	N/A	TREATMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Implement the Five A model when conducting tobacco dependence treatment interventions with commercial tobacco users.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Help patients/clients who are willing to make quit attempt, set a date and develop a quit plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Refer patients/clients/family/friends to suitable intensive services to support quit attempt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Refer patients/clients/family/friends to intensive services provided by: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Provide follow-up support for commercial tobacco users during a quit attempt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other <i>(please specify)</i> _____

  

Yes	No	N/A	PHARMACOTHERAPY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Inform patients/clients about the use of pharmacotherapy for tobacco cessation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Provide no cost or reduced cost medications to assist commercial tobacco users willing to set a quit date: <i>Check medications available.</i> <input type="checkbox"/> Nicotine Replacement Therapy (NRT) <input type="checkbox"/> Bupropion SR (Zyban) <input type="checkbox"/> Varenicline (Chantix)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Have physician standing orders to provide pharmacotherapy for individuals willing to set a quit date.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other <i>(please specify)</i> _____

  

Yes	No	N/A	DOCUMENTATION & TRACKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Utilize a system <i>(e.g. vital sign stamps, medical history form, progress note, problem list cover sheet, computerized record system)</i> to ask patients/clients about current and past commercial tobacco use, along with the incidence of exposure to of environmental tobacco smoke at each visit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Document tobacco prevention/cessation intervention in the patient/client record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Implement the Electronic Health Record to document/track tobacco prevention/cessation interventions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Obtain treatment outcome information and verify abstinence using biochemical validation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other <i>(please specify)</i> _____

  

Yes	No	N/A	SYSTEM SUPPORT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Use billing codes to obtain reimbursement for Tobacco Dependence Treatment services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Provide a setting that has instituted policies and procedures that ensure a tobacco-free campus.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other <i>(please specify)</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. None