

KidsQuit at The Children’s Hospital at Westmead

In 2008, The Children's Hospital at Westmead (CHW) launched “KidsQuit”, a new evidence based e-learning package on smoking cessation brief interventions. This provided CHW health professionals with simple strategies for giving adolescents, parents and carers smoking cessation advice or strategies to reduce exposure to Environmental Tobacco Smoke (ETS). Until the development of the e-learning package in 2008 there was no formal education program for health professionals on how to perform smoking cessation brief interventions.

The aims of the KidsQuit e-learning package are to:

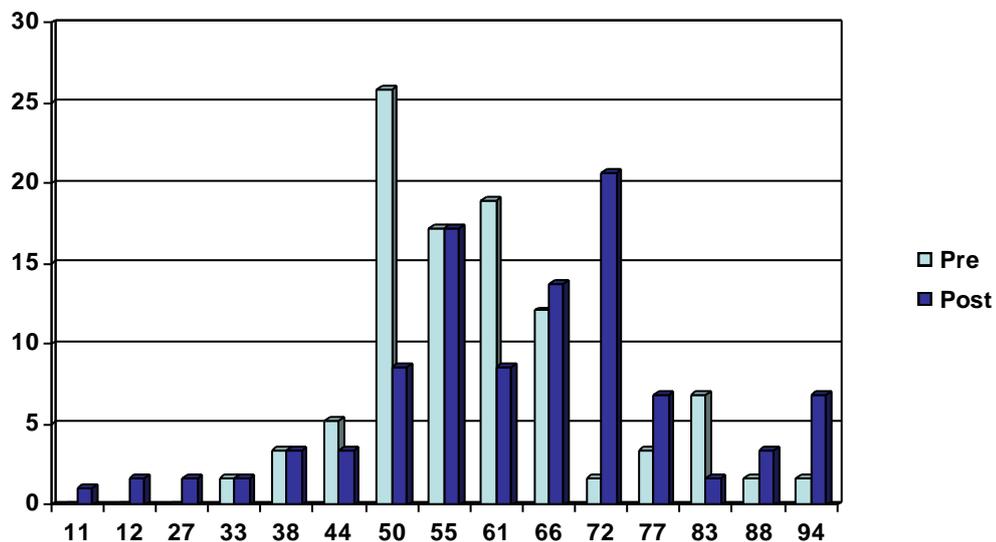
1. Increase knowledge of the 5A’s of Smoking Cessation Brief Interventions.
2. Increase confidence in performing Smoking Cessation Brief Interventions.
3. Provide Smoking Cessation Brief Intervention resources and ongoing educational support.

There has been significant spontaneous uptake of staff using the e-learning package before it was rolled out to their department, particularly amongst nursing staff.

There were 58 participants who had both pre and post scores available for analysis collected over a period of 2 years.

For the Knowledge Scores, the mean increased from 10.68 SD±2.31 pre-package to 11.68 SD±2.80 post-package (See Figure 1). This result was statistically significant (p=0.002). Overall, 60.3% of participants improved their knowledge score post package.

Figure 1 - Knowledge score Pre- & Post- education package



Analysis of the clinical practice data revealed the following results:

Question 1: Is it important to ask parents and adolescent patients about smoking?

- The average remained at 5 (Strongly Agree) for both pre and post questions. However more people (17.6 % (n=12) chose a higher score in the post scores.

Question 2: Do you routinely ask parents if they smoke?

- The average score was 3 (Some of the time) and although this remained the same in the pre and post questions, there were more people who chose this score in the post questions with an increase from 24.1% to 37.9%. Overall 31% of participants chose a higher score in the post score.

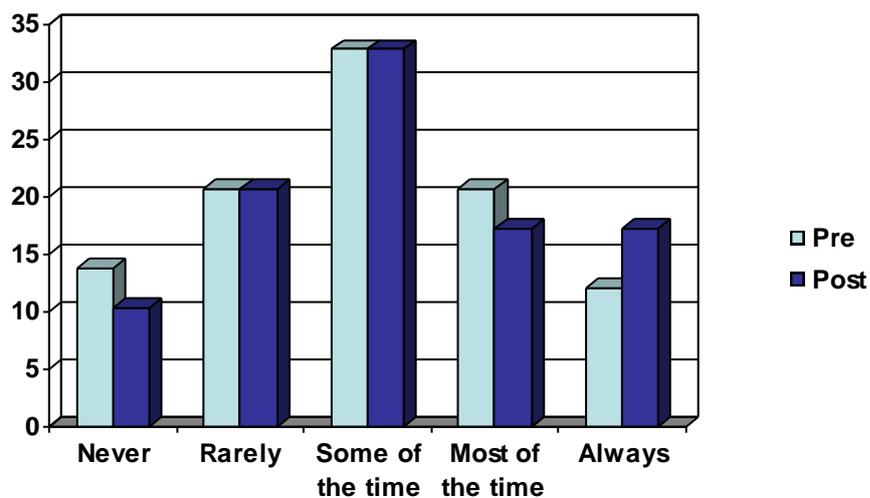
Question 3: Do you routinely ask adolescents if they smoke?

- The average score went from 5 (Always) to 4 (Most of the time). It is important to note that the number of participants asking adolescents if they smoke either most of the time or always increased from 50% to 60.3%. The number of participants who scored their clinical practice higher on the post questions was 31%.

Question 4: How often do you assess the willingness of an adolescent or parent for smoking cessation?

- The average score remained the same at 3 (Some of the time). The number of participants who always assess the willingness of an adolescent or parent to quit increased from 12.1% to 17.2% as shown by Figure 9.
- Overall 25.9% of participants scored a higher score in the post questions demonstrating that the e-learning package increases their frequency of assessing patient and parent willingness to quit.

Figure 2 - Pre to Post e-learning package for Question 4



Question 5: How often do you assist an adolescent or parent in smoking cessation?

- The average went from 3 (Some of the time) to 2 (Rarely). However, the number of people assisting in smoking cessation some, most of the time or always increased from 56.8 % to 65.5 %. 37.9% of participants scored higher in the post scores. Overall 37.9% of participants scored higher in the post scores.

Question 6: How often do you arrange a review for an adolescent or parent who has set a quit date?

- The average was 1 (Never) in both pre and post questions. The number of participants who arranged a review for a patient or parent some, most of the time or always increased from 29.3% to 36.2%. Overall 31% participants scored higher on the post question.

The results from the clinical practice show that the e-learning package does improve the frequency which health professionals ask, assess, advise, assist and arrange follow-up for smoking cessation.

KidsQuit Workshops external to The Children’s Hospital at Westmead

The results of the “KidsQuit” e-learning program at CHW demonstrated positive outcomes in increasing knowledge and confidence of CHW staff in performing brief interventions. Due to this success, we used the same program to train external health professionals. In 2010, CHW utilised the “KidsQuit” e-learning program to run pilot workshops to train other health professionals working in youth community health and youth mental health as well as in paediatric hospital settings throughout NSW.

A total of 25 participants from 21 different services attended the pilot workshops.

According to the 23 evaluation reports received from the workshops, 95.7% of participants said they increased their overall learning by completing the e-learning program.

The surveys received included 20 pre surveys, 11 one month post surveys and four six month post surveys. The e-learning program was successful in improving smoking cessation knowledge from an average of 50% correct at the pre survey to an average of 71% correct at one month and six months post. 50% of respondents correctly identified the order of the 5As for smoking cessation at six months post, an increase from 10% at the pre survey. The remaining 50% of respondents at six months post only mixed up the order of ‘Assess’ and ‘Advise’ (see table 1).

Table 1: Knowledge of the 5As for smoking cessation six months post

Below are the 5As for smoking cessation. Write down in order from 1 - 5 so the steps are placed in the correct sequence:					
Order Number:	1	2	3	4	5
Ask and identify the smoker	4	0	0	0	0
	100%	0%	0%	0%	0%
Assess willingness to quit	0	2	2	0	0
	0%	50%	50%	0%	0%
Advise all smokers to quit	0	2	2	0	0
	0%	50%	50%	0%	0%
Assist the patient to quit	0	0	0	4	0
	0%	0%	0%	100%	0%
Arrange follow up contact	0	0	0	0	4
	0%	0%	9%	0%	100%

*The correct sequence is highlighted in yellow

All respondents improved their clinical practice as a result of the Kids Quit training (see tables 2 and 3).

Table 2: Use of the 5As for smoking cessation

Routinely ask questions using the 5As	Some, most or all of the time		
	Pre (20)	1 month (11)	6 month (4)
Ask and identify the adolescent smoker	75%	81%	100%
Assess willingness to quit	35%	45%	50%
Advise all smokers to quit	45%	73%	100%
Assist the patient to quit	20%	36%	25%
Arrange follow up contact	30%	55%	50%

Table 3: Do you advise all smokers to quit?

Discussion that the most important thing you can do for your health and/or the health of your child is to stop smoking			
	Pre	1 month post	6 month post
Yes	45%	73%	100%
No	55%	27%	0%

Confidence in conducting brief interventions also increased from 35% at the pre survey to 75% six months post.

The majority of respondents saw the usefulness of the information in the Kids Quit resource folder (100%) and the USB (91%).

The clinical practice results show that the e-learning package does improve the frequency with which health professionals perform the 5As for smoking cessation.

The provision of evidence based smoking cessation programs and brief intervention training to health professionals to support smokers to quit is in line with the NSW State Health Plan and NSW Health strategic directions for tobacco control.