

## EPACTT - EuroPean Accreditation Curriculum on Tobacco Treatment

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## **B. Main Section**

### **B1. Overall Goal & Objectives**

Our goal is to develop an accreditation curriculum for tobacco cessation clinicians in Eastern Europe, and enhance the formulation of a network of healthcare professionals that will be accredited in smoking cessation and dedicated to advancing evidence-based tobacco dependence treatment and advocates for tobacco control policies. The project will utilize the extensive network of the European Network of Smoking and Tobacco Prevention (ENSP), to promote the development of **accredited** champions in both tobacco treatment and control. This above capacity development in Eastern Europe will allow an expansion of the Global Bridges Network by adding an additional hub (ENSP), and multiple new nodes (accredited clinicians) to the existing Global Bridges network.

The above capacity development and creation of this new “hub” of the Global Bridges network will be performed through the triangulation of a hybrid (online and in-person) training program based on Global Bridges resources, the local adaptation/translation of these resources, and post-training follow-up to enhance sustainability and network development in Eastern Europe. This current project is part of the broader ENSP strategy to reduce tobacco consumption by developing common actions for organizations active in smoking prevention and tobacco control in Europe. Part of this strategy is the **involvement of health professionals that offer smoking cessation services in all European countries.**

**Aim 1: To develop an accredited tobacco treatment training program for healthcare professional in Eastern Europe**

***Aim 1.1:*** Develop a multidisciplinary and international faculty of experts on tobacco treatment, policy and advocacy.

***Aim 1.2:*** Create a draft curriculum/training program (EPACTT) on tobacco treatment for healthcare professionals based on regional and international best practices.

***Aim 1.3:*** Perform pilot testing, modifications and refinement of the EPACT program.

**Aim 2: To deliver the EPACTT accreditation program and enhance networking capacity so as to ensure Global Bridges Network expansion into Eastern Europe.**

***Aim 2.1:*** Deliver Phase 1 of the hybrid training program: online modules, webinars and practice testing (theory only).

***Aim 2.2:*** Deliver Phase 2 of the hybrid training program: hands on practical training.

***Aim 2.3:*** Perform final online examination and accreditation (Phase 3).

***Aim 2.4:*** Perform program evaluation.

### **B2. Technical Approach**

The aim of the EPACTT program is to train and certify professionals in Eastern Europe who successfully complete the program as competent in smoking cessation and knowledgeable of cutting edge issues in tobacco control.

As the mission of the Global Bridges Program is to create and mobilize a global network of healthcare professionals and organizations dedicated to advancing evidence-based tobacco dependence treatment and advocating for effective tobacco control policy, this project will rest on three main pillars of the Global Bridges Program:

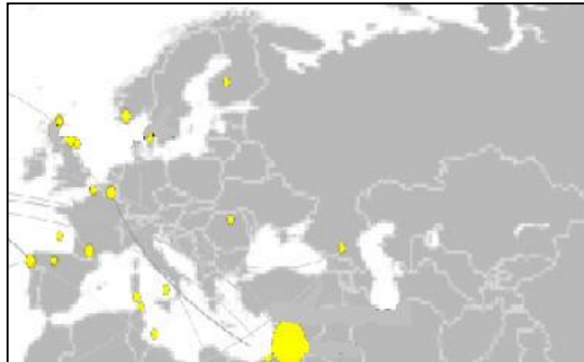
- ✓ Expand the number of healthcare professionals committed to treating tobacco dependence: The project will set up a formal training and accreditation program for healthcare professionals based on best practices of tobacco treatment and policy.
- ✓ Promote collaborations across multiple countries and across regions: This project will support the expansion of the Global Bridges Network through collaboration with the European Network on Smoking and Tobacco prevention (ENSP). ENSP is the only truly pan-European network active in tobacco control being the key grassroots organization in implementing the WHO-Framework Convention on Tobacco Control (FCTC) at a European level. This extensive Network with members in over 30 European countries will be utilized.
- ✓ Building on existing infrastructure: The current project is a logical follow up of the ENSP-ESCG Project, which commenced in 2011 with the support of Pfizer Europe. Through the ENSP-ESCG project, a group of ENSP Smoking Cessation Specialists prepared the European Guidelines for Smoking Cessation with Quality Standards included. These Guidelines (in English, Russian, Turkish and Romanian) are available for free online (<http://www.ensp.org/escg>). This basis will be expanded in light of the Global Bridges funding and the multinational ENSP network parties in Eastern Europe with a focus on Romania, Armenia, Georgia, Ukraine and Russia.

### **2.1 Current needs assessment: Why Eastern Europe? Why ENSP?**

According to the Special Eurobarometer 385 published in 2012, nearly one in every three citizens smoke and 61% of current smokers have already tried to quit smoking, including 1 in 5 in the year prior to the survey. 39% of EU smokers have never tried to stop smoking, while tobacco kills 650,000 Europeans every year. In this frame, there is an increasing consensus that tobacco dependence is a disease that must be treated by health professionals. This fact is stressed by Article 14 of the FCTC which articulates “each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence”. Smoking cessation service levels at an EU level differ significantly as identified through the Pfizer-EQUIPP report and the e.SCCAN 2010 report, and as noted by our national counterparts, Eastern Europe is an area of unmet needs and great challenges in the implementation or article 14 of the FCTC.

The above is corroborated by the fact that while the average EU prevalence of tobacco use is at 28%, smoking prevalence is substantially higher in the Eastern European countries that we plan to focus on within the EPACT training program. Specifically, within Ukraine, 29% of adults are current smokers, however 68% of which are interested in quitting, while 40% had attempted to quit in the past year-indicating a strong will and regional need for enhanced smoking cessation capacity. According to the Ukraine GATS survey, 74% of smokers were advised by the provider

to quit, indicating substantial intention by providers to “Ask” about tobacco use, however potentially a gap in being able to effectively address tobacco treatment in clinical practice. (GATS, 2010). Similarly in Romania, smoking prevalence has been estimated at 30%, of which 1 in 3 smokers had reported a quit attempt in the previous year, with 60% of smokers reported to have ever tried to quit indicating the population’s need for increased cessation support. (Eurobarometer 2012). Our research in Armenia also indicated a gap in training as only 27% of hospital physicians reported any training in smoking cessation methods (Movsisyan, 2012). Finally among Georgian men, an estimated 54.9% are current daily smokers, in contrast to only 12% of women indicating a large gender gap in prevalence and need for smoking cessation actions (Berg, 2014). Hence this region would benefit from a formal accreditation and training program, such as EPACTT that could develop the next “front line” of tobacco control and treatment champions in Eastern Europe. This gap is also clearly identified through the Global Connections Network survey, performed in 2013, which identified the necessity to expand into the Eastern European-Western Asian region. (As depicted in the figure to the right. Scott Leischow presentation, ECTOH, 2014)



Finally, the European Network for Smoking and Tobacco Prevention (ENSP) is an international non-profit organization striving to achieve a Europe free from tobacco and tobacco-related illnesses. ENSP has a membership body comprising 29 national coalitions from the EU Member States, Iceland, Norway, Switzerland, Georgia and Ukraine representing more than 400 organizations, as well as European-based specialized networks: the European Union of Non Smokers (UEN), the European Network of Smoke Free Hospitals (ENSH), the European Federation of Allergy and Airways Diseases Patients’ Associations (EFA), engaging a large number of experts active in tobacco control throughout Europe. As mentioned above, the current project is a logical follow up of the ENSP-ESCG Project, which commenced in 2011 with the support of Pfizer Europe. Through the ENSP-ESCG project, a group of ENSP Smoking Cessation Specialists prepared the European Guidelines for Smoking Cessation with Quality Standards included.



## **2.2 Design and Methods by Aim**

**Primary audience for this project:** The target audience for the training program will be healthcare professionals in Eastern Europe with a specific focus on participants from Romania, Armenia, Georgia, Ukraine and Russia, within which we have direct ENSP engagement and active regional faculty. The primary audience will be health professionals including both physicians and nurses in these countries, however the overall population of these countries would secondarily benefit from this proposal.

Our goal is to develop an accreditation curriculum for tobacco cessation clinicians in Eastern Europe for which we propose the following methods:

**Aim 1: To develop an accredited tobacco treatment training program for healthcare professional in Eastern Europe**

**Aim 1.1:** *Develop a multidisciplinary and international faculty of experts on tobacco treatment, policy and advocacy.*

We will establish the faculty who will be involved in delivering the curriculum (both via distance theory based e-learning sessions, and hands on practice based training sessions). The faculty will be enhanced by the inclusion of international experts from the Global Bridges network identified based on the modules already available on the Global Bridges resource forum. Additional emphasis will be placed on identifying both multidisciplinary faculty and regional leaders that would be able to provide expertise in tobacco treatment or policy/advocacy.

Deliverable 1: List of international and regional faculty and their role in EPACTT. (Month 2)

**Aim 1.2:** *Create a curriculum/training program (EPACTT) on tobacco treatment for healthcare professionals based on regional and international best practices*

The regional and international faculty established in activity 1.1 will support the project team with adaptation of existing training materials. We will adapt the existing Global Bridges training curricula and supplement with training resources developed by other online tobacco treatment certification programmes. We will perform a critical appraisal of the existing online training modules, and request permission for use if necessary. Examples of such online training modules include but are not limited to the Mayo Clinic Nicotine Dependence Center Tobacco Treatment Specialist Certification Program; the ACCP Tobacco Dependence Treatment Toolkit; the Alliance for the Prevention and Treatment of Nicotine Addiction (APTNA) and the University of Ottawa Heart Institute training programs. The overall tobacco control curriculum will be based on the expertise of the international faculty (led by Dr Vardavas) and best practices in global tobacco control. Examples of the preliminary domains and internal modules to be included in the training programme include but are not limited to: theoretical background; Biological basis of nicotine addiction; tobacco dependence; pharmacology; Treatment algorithms: Treatment algorithms in clinical practice; 5A's or 3A's approach; managing relapse; stepwise treatment; Patient assessment tools: Nicotine Dependence Assessment – Adults; Fagerström Test for Nicotine Dependence (FTND) Instructions, Scoring & Use; Hooked on Nicotine Checklist; Nicotine Withdrawal Scale; comorbidity assessment tools; clinical assessment tools (i.e. spirometry, eCO); Patient communication and effective patient management; Handling special categories: Youth; pregnancy; adults with comorbidities; dual product users; Tobacco

Control/Advocacy modules (taxation, policy, SHS, FCTC, EU Tobacco product Directive implementation, etc., with the ability to choose between which modules to complete). In this phase, we also will engage the local faculty in the adaptation of the training program to regional context. This will involve also the translation of all offline and online content (other than the webinars) into the national language.

Deliverable 2: The modular EPACTT program on tobacco treatment and control (Month 6)

***Aim 1.3:*** Perform pilot testing and refinement of the EPACTT program.

Within Aim 1.3 we will pilot test the EPACTT program amongst 2 trainees from each participating country so as to ensure that the information presented is understandable, at the level of the trainees and relevant to the national infrastructure in each country. Should differences be noted between what has been designed and what is suitable for the audience, refinement will take place during this phase. During this phase we will also update and publish the ENSP-QS guidelines on smoking cessation in Ukrainian, Georgian and Armenian (if this is not already funded through the ENSP national focus points individual submissions to Global Bridges). This material is already ready in Romanian, Russian, Turkish and English.

Deliverable 3: Report on the pilot testing and refinements performed. (Month 8)

**Aim 2:** To deliver the EPACTT accreditation program and enhance networking capacity so as to ensure Global Bridges Network expansion into Eastern Europe.

***Aim 2.1:*** Deliver Phase 1 of the hybrid training program: online modules, webinars and theory.

This type of delivery is typically presented as an asynchronous training intervention and consists of the learner having to work through a digitally prepared resource. All material will be available on the ENSP website as developed during aim 1 of the proposal. During this process all EPACTT participants will be assigned a mentor to guide them through and be able to respond to potential questions. Overall we will recruit at least 10 professionals from each participating country to receive the training programme of Phase 1. With 5 countries in the EPACTT proposal our aim is to have at least 50 participants complete the online training. So as to account for potential drop out, we envisage to role additional participants so as to ensure that a sufficient number of final trainees that may join the Global Bridges website. As the content will be available on the ENSP website, the trainees will be able to access the webinars at their own timeframe, as long as it is performed within the time allocated for Phase 1. Following each module, participants will be requested to answer a short quiz on the topics covered so as to assess their understanding.

Deliverable 4: Report on the delivery of Phase 1 (theory) of the training process (Month 15).

***Aim 2.2:*** Deliver Phase 2 of the hybrid training program: postgraduate hands on practical training.

Once the participants have passed the online knowledge test, they will be invited to register for Phase 2 of the training programme which will take place in Romania, during the 2015 ENSP annual meeting (Month 16 or 17). Phase 2 will incorporate the practical aspects of tobacco

training and will be an intense two day meeting that will employ teaching techniques such as role-play and case study approaches known to enhance up-take into practice, as also additional courses on general tobacco control and courses for increasing advocacy skills in tobacco control. Bucharest, Romania has been selected as the venue for Phase 2, due to prior experience in organizing regional meetings within this area, its proximity to other countries in the region and the low cost of accommodation/facility use in that country.

Deliverable 5: Report on the delivery of Phase 2 (practice) of the training process (Month 18).

***Aim 2.3: Perform final online examination and accreditation (Phase 3).***

Following the postgraduate course and workshop (Phase 1 and Phase 2), each participant will receive a link to the final online knowledge test. Participants will be expected to complete the online test within 4 weeks of attending the course and will have a total of 3 attempts to complete the test. On successful completion of the test they will be awarded the EPACTT certification.

Deliverable 6: Report of the final online examination and accreditation process (Month 20 ).

***Aim 2.4: Perform program evaluation.***

The results of the project evaluation will be used to assess both the success of the program in increasing the knowledge and behavioral capacity of the health professionals but also identify areas of the EPACTT model that should be refined and altered prior to its additional expansion.

***Evaluation design:*** A pre-post evaluation model will be used to assess the effectiveness of EPACTT, during which the trainees (n=50) will complete a knowledge test before and after the entire training (before Phase 1 and after Phase 2). A pre-post design will be used to examine the impact on the program on the trainee's attitudes, beliefs, perceived intentions related to the delivery of tobacco treatment. Moreover individual trainee performance will be evaluated both after each theoretical module in Phase 1 and during the final evaluation after Phase 2. In addition to the above, feedback from the trainees will be requested based on their experiences, differences in expectations, workload and knowledge transfer so as to improve EPACTT for further implementation.

***Statistical Analysis:*** Country and provider characteristics between groups will be compared using t-tests for continuous variables and Pearson chi-square tests for categorical variables. Multi-level modeling will be used to examine the association between outcomes and all predictor variables entered into the model such that the odds ratio presented for a given variable are adjusted for all other covariates in the model. Sensitivity analyses will be performed so as to address the potential role of factors which may mediate the associations. All analyses will be performed with Stata 10.0

**Potential outcomes:**

***EPACTT Adoption:*** Participation in the EPACTT Global Bridges training program components; use of the ENSP-Global Bridges Project Toolkit.

***EPACTT accreditation:*** Number of health care professionals that will have completed EPACTT by country, training and center. Scores of the EPACTT trainees during the training process.

*Theory of Planned Behavior Constructs:* Attitudes, Beliefs, Control Beliefs, Subjective Norms, Normative Beliefs, Perceived Behavioral Control, Intentions in next 6-months) related to tobacco treatment delivery will be assessed using the pre-post survey.

*General Outcome Measures:* A post-assessment survey will explore key themes related to program satisfaction, and sustainability including: quality of global bridges training program, quality of in-practice support, quality of global bridges support materials, barriers, suggestions for improvement.

Deliverable 7: Final evaluation report and list of recommended program refinements for future network expansion (Month 24).

## **2.4 Policy implications**

One of the key pillars of the Global Bridges network is to create a network of champions for tobacco cessation policies. As ENSP is a key facilitator of FCTC and EU TPD enactment at a European level, the actions of EPACTT will be promoted for broader adaptation in Eastern and Southern Europe. The policy implications of EPACTT are hence the increase in the number –and training- of tobacco control champions within the Eastern European region, an area in need of knowledge transfer and capacity development for FCTC Article 14 implementation.

## **2.5 Quality assurance and process indicators**

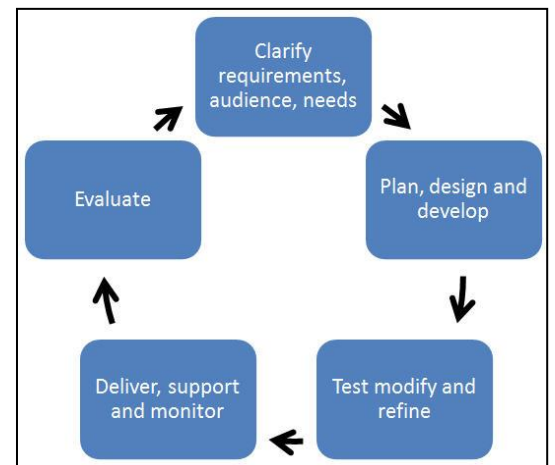
Quality assurance will be developed based on a continuous feedback cycle during all phases of the EPACTT training program development. The below quality assurance cycle will be enacted in all stages of the proposal:

*a) Plan, design and develop:* This means being clear about the need for the e-learning development and ensuring the design is appropriate to the learning need and target audience.

*b) Test, modify and refine:* robust testing is needed to ensure successful delivery, picks up on any initial enhancements and the course is performing as intended.

*c) Deliver, monitor and support:* This means that the required delivery, monitoring and support processes are developed and in place to support the learner and influence a positive learning experience.

*d) Evaluate:* plan and methods are in place for monitoring benefits observed against those envisaged. Clear processes developed for planning and undertaking further EPACTT enhancement.



All members of the Consortium are committed to quality in both the interaction with Global Bridges and the training delivery. For the latter this will involve a close follow up of internal process indicators and deliverables, progress to date and the direct supervision of all activities. As the team has extensive experience in EU and international field work, we are confident that this will be applied within this consortium also.



We view this proposal as important strategically and in timing for the implementation of the European Tobacco Products Directive and the next programming period of Tobacco Control Policy at EU level. Therefore delivery must be excellent. Our approach to quality control starts with the professionalism and experience of our project management and project team of experts. Quality assurance systems are inherent in the project management process and include scheduled internal reviews. We will ensure quality through in-depth planning and design for each task, internal procedures to track and check all work internally and frequent meetings to review progress.

***Process indicators include but are not limited to the following:***

1. Number of final modules uploaded
2. Number of webinars uploaded
3. Number of additional material available in each regional language
4. Number of trainees that enroll in the program
5. Number of trainees that complete the intense 2 day training session
6. Progress in number of countries involved.
7. Number of Centers within each country with accredited professionals
8. Progress in number of professionals trained

**2.6 Dissemination**

The dissemination activities will focus on the practice-based clinical and policy implications, which would allow for a scale up of the EPACTT project. The dissemination activities of the EPACTT program will be both regional in Eastern Europe and international. The partners of the EPACT program, as members of the ENSP network will collaborate with the ENSP secretariat to ensure international outreach and dissemination at a European level. We will make our work available through a dedicated section of the ENSP website and through frequent content uploading via the Global Bridges resources domain so that the created and adapted tools may be used by other researchers and clinicians within the Global Bridges network. We will also seek publication of our findings in international peer-reviewed journals and present our findings at national and international meetings, including the 2015 WCTOH. The scientific lead of EPACTT, Dr. Vardavas, as the recipient of the 2014-2017 ECTOH young professionals award will be participating with his expenses already covered and is able to present EPACTT also.

**2.7 Synergy with other Global Bridges proposal submissions**

This proposal provides added value to the concurrent proposal submissions of individual ENSP members in Eastern and Southern Europe (Georgia, Romania, Armenia, Greece, Crete). Hence the EPACTT framework aims to address the issue of creating a Global Bridges “Hub” for Eastern and Southern Europe that would be able to compliment the UK hub which is very active in Northern and Eastern Europe. The synergy between these proposals is ensured by the fact that each submitting member of the other 5 proposals also participates in the current EPACTT program and are ENSP national members. Specifically Dr Bakhturidze will be participating with a proposal from Georgia, Dr. Movsisyan from Armenia, Dr Koukia/Behrakis from Athens Greece

and Dr Lionis/Vardavas from Crete, Greece. These 5 proposals will be linked together under the EPACTT umbrella which would be able to provide additional training resources and act as a “hub”, with each proposal an individual “node”. Moreover as we will also have collaborators in our consortium from Ukraine and Russia, EPACTT aims to link directly with 7 individual countries in the Eastern European region. ENSP hence, is ready to take the coordination role for the Global Bridges approved projects in Eastern European countries and to expand the proposed activities in those countries.

### **2.8 Future Directions**

Our project’s future direction is to provide the methodology, tools and resources that would support the long-term development of an accredited training protocol for providers in Eastern Europe, and facilitate direct linkages to the Global Bridges network acting as a regional hub for the region. The development of the EPACTT program in the next phase may be expanded to other Southern and Eastern European countries with expansion of the training curriculum and resources into additional languages. This is extremely relevant to Global Bridges role in developing a sustainable network of tobacco treatment champions in Eastern European countries.

## **B3. Detailed Workplan and Deliverables Schedule:**

### **Workplan**

EPACTT, as with any other e-learning and accreditation program, has a specific flow of activities that will be adhered to so as to ensure efficient implementation. This workplan is described below in tabular format. During Months 1-2 we will assemble the multidisciplinary team of faculty and mentors from three sources: the Eastern European region, internationally and through the Global Bridges Network and define their role in the training process (Deliverable 1), in months 1-6 we will develop the hybrid EPACTT training program, including the e-learning modules and the hands on practical training format (Deliverable 2). During months 5-8 the designed curriculum will be pilot tested among 10 potential trainees (2 from each participating country) so that potential refinements are made (Deliverable 3). Subsequently as part of Aim 2, we will perform Phase 1 of the training program, the theory based knowledge development, during months 9-14 (Deliverable 4). The in person two day training for the development of the practical skills and increased knowledge will be performed within months 15-18 (Deliverable 5) after which the participants will be given one month to complete the final online test (Deliverable 6). The final stage of our project, that of evaluation will assess the outcomes defined above in both a pre post survey design and individual trainee assessment to evaluate the final output of the EPACT program (Deliverable 7). In parallel, the project team will ensure execution of quality control and dissemination activities.

### **Deliverables Schedule**

Deliverable 1: List of international and regional faculty and their role in EPACTT. (Month 2)

Deliverable 2: The modular EPACTT program on tobacco treatment and control. (Month 6)

- Deliverable 3: Report on the pilot testing and refinements performed. (Month 8)
- Deliverable 4: Report on the delivery of Phase 1 (theory) of the training process (Month 14).
- Deliverable 5: Report on the delivery of Phase 2, (practice) of the training process (Month 18).
- Deliverable 6: Report of the final online examination and accreditation process (Month 20).
- Deliverable 7: Final evaluation report and recommendations for future expansion (Month 24).

**Project Timeline** This project will be completed over a 2-year timeframe.

Month	Year 1						Year 2					
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21-22	23-24
<b>Project Management</b>												
Monitoring, quality control												
Dissemination activities												
Reports						Rep 1						Rep 2
<b>Aim 1</b>												
Aim 1.1: Faculty	D.1											
Aim 1.2: Curriculum			D.2									
Aim 1.3: Pilot testing				D.3								
<b>Aim 2</b>												
Aim 2.1: Phase 1 (theory)							D.4					
Aim 2.2: Phase 2 (practice)								D.5				
Aim 2.3: Exams									D.6			
Aim 2.4: Evaluation												D.7

*Table Footnote:* Shaded areas indicate timeframe; Rep: progress reports; D1-7: represent deliverable dates.