

Category 3 – Capacity building of healthcare professionals to create a workforce trained in tobacco dependence treatment at different levels of healthcare settings

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Category 3 – Capacity building of healthcare professionals to create a workforce trained in tobacco dependence treatment at different levels of healthcare settings

SECTION B – MAIN PROPOSAL

A. Overall goal and objectives:

1. Goal:

The goal of the project is *“to build a team of competent healthcare professionals with skills to provide evidence-based tobacco dependence treatment in a variety of healthcare settings across Maharashtra, India”*.

As a part of this project, training will be imparted by the internationally trained team of Tobacco Treatment Specialists (TTS) of the LifeFirst tobacco treatment service. The trained healthcare professionals will be able to practise tobacco dependence treatment on their own on an individual basis in their own clinics as well as by starting the treatment services within their organisations or institutions. They will be a part of the network of trained professionals and organisations that will be established through this project to share information, learnings, techniques and success stories.

LifeFirst is a tobacco dependence treatment service, built upon international evidence base, standards and protocols and adapted to the Indian context. Comprehensive counseling, pharmacotherapy and follow-up services are provided by Tobacco Treatment Specialists (TTS) that have been trained at Mayo Clinic Nicotine Dependence Centre (NDC). The service aims to deliver a comprehensive, evidence based tobacco treatment at primary, secondary and tertiary health care settings for patients from all social strata. Currently the service is active in 2 tertiary care hospitals, 2 community-based primary health care centres and 10 Tuberculosis treatment centres (DOTS centres). Besides healthcare settings, the service is provided at 5 workplaces and 10 schools, with some site-specific modifications made to the process of service delivery. Training and research are important aspects of LifeFirst.

2. Key objectives:

- i. *To train about 2000 healthcare professionals in effectively asking about tobacco use and provide brief advice on quitting.*

Trainings will be conducted for a wide spectrum of healthcare providers from general practitioners, dentists, nurses, consultants etc. for screening and identifying tobacco users during their routine practice and to provide correct information to these regarding the harms of tobacco and the benefits of quitting.

- ii. *Conduct training for about 600 healthcare professionals to provide tobacco dependence treatment to all identified tobacco users through evidence-based cessation techniques.*

Trainings will enable the healthcare providers to provide tobacco dependence treatment to

identified tobacco users through cessation techniques like motivational interviewing, behavioral modification etc. Trainees will be able to provide this on their own in their own clinical settings and will also be able to set up cessation services on a larger scale within organisations or institutions.

- iii. Establish a network of trained healthcare professionals across a wide variety of healthcare settings for providing effective tobacco dependence treatment to people from all social strata.*

The trainees form a resource which is present in all types of healthcare facility settings right from the community level through Government run Primary Health Centres, Private Medical Practitioners and Dentists to the secondary and tertiary level hospitals through specialists and clinicians. Thus the chance of a tobacco user being identified and given at least brief advice and also the access to tobacco dependence treatment will be increased as compared to current levels. This network of trained healthcare providers can also work together and provide complementary services by establishing referral mechanisms within the network as well as from other sources. The network can be part of the larger Global Bridges network and contribute to as well as gain from it.

- iv. Create a training module for tobacco dependence treatment specially suited for the Indian scenario focusing on smokeless tobacco with the help of innovative internet based training methods and e-apps.*

Currently, no standardized tobacco cessation treatment training module exists in India. A training module will be created based on existing trainings. The curriculum would be developed based on core competencies recommended by various internationally recognized training programmes. These include the Mayo NDC, the Association for Treatment of Tobacco Use and Dependence (ATTUD), National Center for Smoking Cessation and Training, National Health Service, UK and so on. The learnings will be adapted to the local tobacco use patterns and behaviour of tobacco users based on the evidence gathered through above mentioned internationally recognized trainings, few tobacco cessation interventions across the country and mainly from the LifeFirst tobacco treatment service.

B. Technical approach:

1. Current assessment of need:

India faces unique challenges in controlling the tobacco epidemic with high rates of smokeless tobacco use and a uniquely diverse array of tobacco products.

According to the Global Adult Tobacco Survey (GATS) India report 2009-2010¹, the prevalence of tobacco use in India is very high with nearly half of the adult male population and over one-fifth of the adult female population using tobacco in some form. Following are a few salient features from the report:

¹ Global Adult Tobacco Survey (GATS) India report 2009-2010, Ministry of Health and Family Welfare, Govt. of India

- India is home to 275 million current tobacco users equating to 35% of adults in India.
- 21% adults in India use smokeless tobacco, 9% use smoked tobacco and 5% use both forms of tobacco.
- In most cases, healthcare providers do not ask patients about their habit of tobacco use or advise them to quit. About 53% smokers and 34% users of smokeless tobacco were asked about tobacco use history by a healthcare professional while 46% and 27% were respectively advised to quit.
- A large proportion of smokers and smokeless tobacco users plan to quit or have thought about quitting tobacco use.
- 38% smokers and 35% smokeless users had made attempts to quit in the past year.

Data from the India Global Health Professional Students Survey (GHPSS) conducted between 2005 and 2008, showed a general lack of training among dental, medical, nursing and pharmacy students in patient cessation counseling techniques². Even though most students from all four disciplines expressed the need for cessation training, very few (ranges from 29.1-54.8%) reported having ever received formal training in their professional school³. Nearly 90% third year medical students believed that health professionals should get specific training on cessation techniques but only about 22% had learned cessation approaches to use with patients⁴. Preparedness for cessation is also found to be low among physicians at primary care level⁵.

In spite of presence of willingness to quit and quit attempts being made by tobacco users, healthcare professionals have not been identifying a majority of tobacco users and a very small proportion have been advised to quit in spite of the fact that simple advice by healthcare providers has an effect on cessation rates and that even a brief advice intervention increases quitting among smokers.⁶ For smokeless tobacco users, healthcare professionals may help their patients to stop tobacco use by showing them the damage caused in their mouths⁷.

The GATS India report recommends that health professionals in the country need to be sensitized and trained on importance of asking all patients about the habit of tobacco use and offering help to quit tobacco use and that strengthening of tobacco cessation services is needed

² Sinha D N, Singh G, Gupta P C, Pednekar M, Warrn C W, Asma S, Lee J. Linking India global health professions student survey data to the world health organization framework convention on tobacco control. *Indian J Cancer* 2010;47:30-4

³ Surani N S, Pednekar M S, Sinha D N, Singh G, Warren C W, Asma S, Gupta P C, Singh P K. Tobacco use and cessation counseling in India-data from the Global Health Professions Students Survey, 2005-09. *Indian J Cancer* 2012;49:425-30

⁴ India Global Health Professional Students Survey (GHPSS), 2006, FACT SHEET

⁵ Panda R, Jena PK. Examining physicians' preparedness for tobacco cessation services in India: findings from primary care public health facilities in two Indian states. *AMJ* 2013, 6, 3, 115-121.

⁶ Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews* 2013, Issue 5. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub4

⁷ Ebbert J, Montori VM, Erwin PJ, Stead LF. Interventions for smokeless tobacco use cessation. *Cochrane Database of Systematic Reviews* 2011, Issue 2. Art. No.: CD004306. DOI: 10.1002/14651858.CD004306.pub4.

to make the same available across the various levels of the health care delivery systems¹.

Several resources like a training manual for tobacco cessation developed under the National Cancer Control Programme, a manual for dentists and a training module for doctors have been developed by the Ministry of Health and Family Welfare, Government of India and the WHO Country office for India. National guidelines for Tobacco Dependence Treatment⁸ have also been developed by the Ministry of Health and Family Welfare, Government of India under the National Tobacco Control Programme (NTCP), but these need to be widely disseminated. Efforts are being made to increase the reach of cessation services through the NTCP which is in its pilot phase in 2 districts each of 11 states in India. The suggestive training plan of the NTCP makes provision for 2 trainings of half-day duration on tobacco cessation per year for 30 healthcare providers each at the state level and 4 such in each of the pilot districts per year⁹.

A few other training programmes on tobacco dependence treatment for healthcare professionals exist but their reach is not enough.

To meet the widespread need of tobacco cessation services, stronger efforts are needed to equip all types of healthcare providers in various settings with trainings on tobacco dependence treatment. The project aims to provide this training to a wide variety of healthcare providers across different healthcare facilities and to create a network of providers that can stay connected and learn from each other.

2. Intervention design and methods:

The existing evidence based modules available worldwide focus primarily on providing tobacco treatment to patients using smoking forms of tobacco. The core project team of medical doctors and psychologists will develop training modules specific to India on the basis of available knowledge base, experience from LifeFirst service as well as other documented experiences from tobacco cessation services in India and existing trainings.

Development of training modules will be done in collaboration with Health Communication Core, a department of the Dana Farber / Harvard Cancer Center specializing in combining evidence-based practice with creative expertise.

Trainings will be designed and offered to healthcare professionals from

- Public hospitals
- Private hospitals
- Medical schools
- Dental schools
- A national-level private chain of cancer care hospitals
- Government primary healthcare centres
- NGOs

⁸ Tobacco Dependence Treatment Guidelines, Government of India. Ministry of Health and Family Welfare. Directorate General of Health Services. National Tobacco Control Programme.

⁹ Operational Guidelines, 2012, NTCP, National Tobacco Control Cell, Ministry of Health and Family Welfare, Govt. of India

The trainings will also be conducted through and for professional associations like

- Indian Medical Association (IMA),
- Association of Medical Consultants (AMC),
- Federation of Obstetric and Gynaecological Society of India (FOGSI),
- Indian Psychiatric Society (IPS)
- National Integrated Medical Association (NIMA)
- Indian Nurses association
- Counselors' association of India

2a Trainings:

Two levels of training will be conducted:

- Level 1: Brief Advice Training
- Level 2: Tobacco Treatment Training

2a (i) Level 1: Brief Advice Training

This training session includes role-plays for participants to give them hands-on experience of dealing with situations like:

- Systematically asking about tobacco use
- Identifying tobacco users and their types of patterns of tobacco use
- Provide information on the harms of tobacco and benefits of quitting
- Giving brief advice
- Referring to specialist tobacco treatment services where available
- Conducting follow-ups of patients enrolled in the service

This will be an educational session on basic (yet essential) topics such as prevalence of tobacco use in India, various products being used and commonly used brands. Information will be provided on various health effects of tobacco and the contents of its products. Participants will be sensitized about tobacco cessation by providing basic knowledge on dependence, benefits of quitting and commonly used models of cessation. Following topics will be covered for Level 1 trainings:

1. Tobacco use in India

- Forms of tobacco
- Types
- Products available
- Contents of tobacco products

2. Epidemiology and prevalence of tobacco use

- Prevalence of tobacco use - GATS data
- Mortality and Morbidity due to tobacco use

3. Health Effects of tobacco

- Major illnesses

- Short and long term effects
- 4. Tobacco use among special populations**
 - Adolescents, Pregnant women, TB patients
- 5. Law for tobacco control in India**
 - Cigarette and Other Tobacco Products Act (COTPA), 2003
- 6. Tobacco dependence - A chronic disease**
 - Common reasons for initiation and continuation
 - Social, environmental, physiological, psychological factors responsible for tobacco use
 - Myths around tobacco use
- 7. Benefits of quitting tobacco**
 - Health benefits
 - Financial benefits
- 8. Introduction to tobacco cessation**
 - Ways for quitting
 - 5A's model in Primary care
 - ASK - Identification and documentation
 - ADVICE - Brief Advice
 - ASSESS - Patients willing to quit
 - ASSIST- Referring to Tobacco Treatment Counselor
 - ARRANGE - Importance of follow-ups
 - Relapse prevention
- 9. Role of health care providers in tobacco control**

Duration of training – 1 day

2a (ii) Level 2: Tobacco Treatment Training

All Level 1 certified Tobacco Treatment Practitioners can enroll for the Level 2 training. This module will cover all core competencies required for providing effective, evidence based treatment. This will be a detailed session on all the aspects of tobacco cessation. The trainees will learn about

- All aspects of nicotine dependence,
- Evidence-based techniques of providing cessation services in Indian healthcare settings,
- Ways to make their workplaces tobacco free.

This training will equip the participants in conducting detailed counseling sessions for tobacco users and provide them support for quitting by understanding their dependence, identifying triggers, helping them with coping mechanisms for withdrawals and urges and helping them to change their behaviour. Basics of Nicotine Replacement Therapy (NRT) will also be covered in this training. They will also be trained to maintain records of the sessions to monitor progress of individual patients as well as conduct timely follow-ups. Use of the e-app will be demonstrated and those interested would be provided with details to install and use it.

In addition to a short review of the topics covered in Level 1, the Level 2 training will cover:

1. Tobacco dependence as a chronic disease

- How dependence develops
- Social, environmental, physiological, psychological factors responsible for tobacco use

2. Neurobiology of tobacco dependence

3. Addiction

- Models of addiction
- Stage of change model

4. Counseling

- Basics of counseling
- Introduction to Motivational Interviewing (MI)
- Strategies of MI

5. Behaviour change

- Understanding behaviour
- Helping people change
- Tobacco addiction

6. Tobacco treatment model

- 5A's and 5R's
- Working with patients willing to quit
- Working with patients not willing to quit

7. Follow-ups

- Importance of follow-ups in tobacco treatment
- Follow-up protocol
- Follow-up procedures (Face-to face, phone)
- Slips, relapse

8. Withdrawal symptoms

- Reason for withdrawal
- Timeline of withdrawal symptoms and urges

9. Pharmacotherapy

- NRT and non NRT
- Types and doses
- Indications and contraindications

10. Relapse prevention

- Strategies and coping skills to prevent relapse
- Case studies

11. Working with special populations

- Adolescents, ANC and TB patients

12. Using forms and tools

- Brief Advice, consent forms, 1st Session and follow-up forms
- Fagerstrom scales, scales of motivation, importance and confidence

13. Documentation and evaluation

- Record keeping

- Program documentation
- Outcome measurement
- Reporting
- E-application

14. Case studies

Role plays will be conducted at appropriate stages of the training for dealing with situations like:

- Relapse
- Withdrawals
- Conducting follow-ups
- NRTs

Duration of training – 3 days

2a (iii) Pre and Post-Test evaluation

Pre and Post-Tests will be conducted for both levels of trainings to record the level and change of knowledge, behaviour and practices of the participants.

2a (iv) Continued professional development:

These one day refresher sessions will be conducted for all level 2 certified tobacco treatment practitioners for informing them on recent practice and research updates in the field of tobacco treatment, to have case discussions etc.

2a (v) Online training:

Knowing the busy schedule of health care professionals an online training module will also be developed. Practitioners will be able to take up training after registering into an online system. The online training will be open throughout the project period. Registered trainees will have access to presentations and relevant resource material which they can study for a period and then attempt a certification test. On successful completion they will be given a downloadable e-certificate. All trainings – Level 1, Level 2 as well as refresher trainings will be made available online. Over 2 years, about 1000 Level 1, 300 Level 2 and 150 refresher trainings are estimated to be conducted through the project.

2b LifeFirst Network:

All trained Tobacco Treatment Practitioners will be registered as a part of a network and will receive member access to LifeFirst website and regular updates on research and news in the field of tobacco control through newsletters, emails, website, meetings etc.

All network members will also be provided access to the e-app developed for the service.

2c LifeFirst E-app:

An e-app has been created for android phones based on 5As approach to make provision of LifeFirst Tobacco Treatment service simpler for counselors. The e-app can be used for patient

information collection, data management, generating timely lists of follow-ups, monitoring cessation service and generating reports and also for motivating patients who are unwilling to make a quit attempt using the 5Rs model. Educative multimedia for patient education is integrated within the app. All trained practitioners can use the e-app for documenting and reporting their cessation service data.

2d Innovation:

- The trainings will build modules to provide cessation specifically for smokeless tobacco users based on global as well as local experiences
- Use of e-app for provision and monitoring of tobacco treatment service
- Interactive trainings with role-plays, audio-visual media, case discussions etc.
- Special modules for tobacco use among adolescents, TB patients, ante-natal women
- Online training modules available to be completed within specified time
- Refresher sessions conducted for level 2 certified trainees to inform them on recent practice and research updates in the field of tobacco treatment, case discussions etc.
- Provision of e-app for providing and monitoring tobacco treatment service
- Creating LifeFirst network for learning and sharing

2e Partnerships:

The trainings will be conducted in collaboration with the following partners in addition to the core implementing partners of the project (Salaam Bombay Foundation, Narotam Sekhsaria Foundation and MindTemple):

- Maharashtra State Government Public Health Department
- Municipal Corporations' Public Health Department
- Medical and Dental schools
- Various medical, dental, nursing associations
- Prince Aly Khan Hospital
- Private chain of Cancer Hospitals (to be formalized)
- Various NGOs
- Health Communication Core

2f Sustainability:

Measures will be taken to continue the training programme after the end of project period of 27 months through resource mobilization from local agencies. Registration fees for the trainings and membership fees for the network will contribute to a proportion of expenses for the project in future.

Efforts will be made to integrate the LifeFirst trainings as formal NTCP trainings and include them in the training schedule of the programme.

3. Evaluation design:

A pre and post-assessment to understand the levels of knowledge and skills of the health providers is planned to be conducted. We will conduct focused group discussions among the various groups of health providers to assess their interest in using the electronic

application for counseling and delivering the service and other related skill development among health providers after the trainings.

3a Indicators:

The project will be evaluated using following output indicators:

- Training module finalized with inputs from experts
- Online training modules created
- Number of Level 1 trainings conducted for all healthcare providers
- Pre and post level of knowledge and practices assessed immediately after training and after 1 year
- Number of participants enrolled for Level 2 trainings and number of trainings conducted
- Registrations in LifeFirst network
- Continuing Medical Education (CME) sessions conducted

Following will be some of the outcome indicators for the project:

- Tobacco dependence treatment services established
- Treatment service data generated through e-app – enrollments, counseling sessions, follow-up sessions, tobacco use status, point prevalence of abstinence, prolonged abstinence over 3 and 6 months, quit rates etc.
- E-app used for cessation service providers

These indicators provide insight into the training resources created, change brought about among healthcare providers and level of engagement of the participants.

3b Sources of data for evaluation:

– Regular activity report of the project

A quarterly activity report of the project will be compiled using the Project Manager's records of all events occurring during the period like number of training sessions conducted, number of online trainings completed, meetings with various stakeholders for organizing further trainings etc.

– Pre and post test analysis of participants for knowledge and practices

A standardized questionnaire will be developed and used to document pre and post-training knowledge and practices of the participants. Findings will be compared within the same groups over time and also across the different healthcare provider groups. LifeFirst network registrations

Individuals attending in-person trainings will be encouraged to sign-up for the LifeFirst network and such enrollments reflect their level of engagement and ensure that they are kept updated.

- Refresher session registrations
Participants registering for refresher sessions to gain additional information also show their level of engagement and give an opportunity to assess the change in their knowledge and practices.
- E-app data of cessation services provided
Participants using the e-app will be recording cessation data about their patients directly in formats that can be analyzed and this data can be used for monitoring the progress of each individual as well as the treatment service as a whole. The indicators provided will be number of patients enrolling in the service, follow ups conducted, point prevalence of abstinence at fixed intervals of time, outcome of service after 6 months or a year etc.

3c Dissemination of project outcomes

The outcomes of the project will be disseminated at regular intervals to two main categories of stakeholders:

1. Governmental agencies and policy makers
2. Various other stakeholders in tobacco cessation

The channels of dissemination will be

- Websites of LifeFirst and all implementing partner organisations,
- Published reports,
- Presentations in national and international conferences,
- Stakeholder meetings,
- Global Bridges network,
- Association meetings,
- Meetings with Governmental agencies etc.

Regular sharing will also take place during LifeFirst network meetings for capacity building, LifeFirst network updates etc.

C. Detailed workplan and deliverables schedule:

The existing module will be finalized after inputs from experts in the field and supportive training material will be developed for the training. The trainings will also be adapted for web-based training and the website will be constructed accordingly. Some collaborations are already in place while some have to be negotiated and formalized. Appropriate legal documentation for the same will be put in place.

Convenient venues will be selected to facilitate and encourage maximum participants to attend trainings. Trainers will include the 4 certified TTS of LifeFirst who have been trained at the Mayo Nicotine Dependence Centre. Whenever needed, additional trainers can be invited for the trainings.

Following number of in-person training batches will be conducted:

Level of training	Year 1	Year 2	Total training groups	Training days
Level 1	25	12	37	37
Level 2	-	12	12	36
Refresher	-	6	6	6
Total	25	30	55	79

Online trainings will be open for registration during the entire project duration.

An advisory committee composed of international experts and national trainers and leaders in tobacco control activities and research will be instituted to guide the project. Regular meetings for updating and feedback will be conducted after an initial in-depth consultation.

The project will be implemented with the following timeplan:

	Month 1-3	Month 4-6	Month 7-9	Month 10-12	Month 13-15	Month 16-18	Month 19-21	Month 22-24	Month 25-27
Finalisation of existing training module									
Creation of online training module									
Modification of e-app									
Partnerships with various agencies									
Level 1 training									
Level 2 training									
Refresher trainings / CME									
Online trainings									
Post test Evaluation of level 1 and 2 trainings									
Post test Evaluation of refresher trainings									
Sharing through network									
Dissemination of outcomes									
Evaluation of project									