Building Capacity for Illness-Specific Tobacco Cessation among Nurses and Clinical Psychologists in Turkey (Nichter, PI)

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Building Capacity for Illness-Specific Tobacco Cessation among Nurses and Clinical Psychologists in Turkey

Overall Goal & Objectives

The **overall goal** of the project is to extend the reach and depth of smoking cessation training within the Turkish healthcare system. In order to achieve this goal, we aim to create a cadre of nurses and psychologists trained in tobacco cessation who are able to introduce illness-specific as well as general cessation training within their own practice-based communities and sub-specialties. Our multi-disciplinary research team, comprised of U.S. and Turkish scientists, has an established track record carrying out culturally sensitive research and training in tobacco control and tobacco cessation (NIH-funded Project Quit Tobacco International, 2002–2014) in both international and national settings. We are dedicated to the development and implementation of culturally sensitive cessation training tailored to the needs of the Turkish population.

Project Objectives

1) To adapt evidence-based cessation training materials to Turkey's cultural context through a process of formative research;
2) To conduct Training of Trainers (TOT) programs in illness-specific and general cessation skills for nurses and psychologists;
3) To produce illness-specific cessation videos modeling tobacco cessation skills for use in trainings and quit guides for laypersons to be used in clinic-based cessation counseling;
4) In Year Two, to provide assistance to health professionals trained in Year One to train other professionals in both their own hospitals and in their professional organizations as a means of promoting cessation as a normative part of clinical practice in Turkey;
5) To provide leadership in the fields of nursing and psychology in smoking cessation as a foundation for a larger smoking cessation movement within Turkey's healthcare sector.

Technical Approach

Our goal clearly aligns with the Global Bridges Mission of mobilizing a network of healthcare professionals trained to advance evidence-based tobacco dependence treatment. The proposed project lays the foundation for building capacity for tobacco cessation in Turkey and will facilitate the mainstreaming of cessation as routine practice within the health care system. The project will extend the reach of the recently opened cessation clinics in Turkey which have trained a cohort of physicians in tobacco cessation. The WHO recommends that all health professionals be trained to advise and help smokers stop smoking.

Current Assessment/Background

Turkey is a middle income country with a high prevalence of smoking among both men (41%) and women (13%). While Turkey was among the first countries in the world to ratify the WHO Framework Convention on Tobacco Control and has some of the most advanced tobacco control laws in the world, it ranks among the top ten countries in the world in tobacco use and is one of the top five producers of tobacco. Notably, the majority of smokers in Turkey are heavy daily smokers consuming an average of 20 cigarettes per day (males) and 16 cigarettes per day (females) (GATS 2012).

While smoking is a major health concern for the Turkish population as a whole, there is also a high prevalence of smoking among those working in the health professions. A collaborative study conducted by WHO, CDC, and the Turkish Ministry of Health found that the prevalence of smoking was 31% among general practitioners and 30% among nurses and midwives (GATS 2012). Another 15% of both groups reported being former smokers. While smoking rates among health professionals are gradually reducing in Turkey, it is clear that they are an important target audience for tobacco control efforts. It is well established that in order for a downward shift in tobacco use to occur, health care providers need to be at the forefront of tobacco cessation efforts. In order to do so, they need to both quit using tobacco themselves and ask patients about tobacco use as a routine part of their practice. At present, skill-based tobacco cessation curriculum is not routinely offered in nursing colleges in Turkey. Similarly, clinical psychologists receive no training in tobacco-related issues and cessation. As a result, they do not serve as cessation agents for their own patients nor are they a resource for referral from other health professionals (Bowman et al. 2013).

In the past few years, the Ministry of Health in Turkey has supported the opening of general cessation clinics around the country. As of 2013, there were approximately 300 cessation clinics in Turkey that provide services to those interested in quitting and general practitioners have obtained some cessation training. While this is clearly a significant step in the right direction, three issues are worth noting. First, given the 20 million smokers in the country, there is a large gap in the availability of cessation services and much scope for further development. Second, cessation training for healthcare professionals in Turkey has largely focused on physicians, not on nurses or psychologists. Third, cessation training to date has focused on providing general, not illness-specific cessation counseling targeted at special risk populations. Establishing the relevance of cessation messages requires explaining to patients how smoking may be related to the cause of their health condition, how it may influence its course and exacerbate symptoms, and how cessation will improve prognosis. Personal communication with physicians who attended cessation training courses in Turkey revealed that the sessions they attended were primarily focused on providing a broad overview of the harms of tobacco and only a cursory overview of the most basic form of cessation, the 5As: ask, advise, assess, assist, arrange (Fiore 2009). Hands-on skill based activities were not incorporated into the training. The primary focus of cessation trainings in Turkey has been to familiarize doctors with nicotine replacement therapy (NRT) as a means of quitting smoking, to the neglect of behavioral interventions (Erguder 2014). Importantly, meta-analyses of cessation approaches suggest that tailoring

cessation advice to a patient's condition and incorporating motivational interviewing enhances the effectiveness of doctors' quit messages significantly (Heckman et al. 2010).

The project we propose will address existing gaps in cessation training in four ways. First, our proposed cessation training will focus on training nurses in five subspecialty areas of medicine for which smoking or secondhand smoke are important risk factors for disease and contribute to serious illness complications and co-morbidity. The five health problems that we have chosen to focus on occur across the lifespan and in both genders: CVD, diabetes, pediatric illnesses, reproductive health, and respiratory illnesses. Focusing on specific illness/health conditions is important for two reasons. First, patients and the general public do not currently associate most of these health conditions with smoking. For example, while there are over 5 million people with diabetes in Turkey, there is little awareness that diabetes patients who smoke have twice the risk of premature death compared to non-smoking diabetes patients. Indeed, meta analyses suggest an increased risk of death (among diabetes patients who smoke) of 48%; the risk of death from coronary heart disease, 54%; stroke, 44%; and myocardial infarction, 52% (Nagrebetsky et al. 2014). Moreover, few diabetes patients know about how smoking leads to vascular problems ranging from gangrene to blindness to impotence. Educating patients about these outcomes during Project QTI in both India and Indonesia not only resulted in enhanced patient care, but helped spread the word that smoking results in health problems beyond cancer or COPD.

Secondly, in the proposed project, nurses and psychologists will be trained in how to establish the relevance of quit messages as frames of interaction by linking current health problems to smoking. They will not just learn the medical facts, but how to communicate these facts in ways that patients can understand through images and analogies identified as effective during formative research. Third, nurses and psychologists will be trained in basic motivational interviewing techniques that will better enable them to deliver patient-centered cessation counseling tailored to a patient's stage of readiness to quit (Rice et al. 2013). Beyond learning the 5 As, nurses and psychologists will learn how to assess stages of readiness to quit and engage in non-confrontational dialogue about the 5Rs (relevance, risk, reward, roadblocks, and repetition especially in the case of relapse, Fiore et al. 2009). This will prepare them to deal with patients who are ambivalent about quitting. They will learn how to maximize the opportunity afforded by illness as a teachable moment by: a) increasing perceptions of risk and positive and negative outcome expectations, b) producing an emotional response from the patient, and c) leading patients to revisit their social roles and self concept (McBride et al. 2003). Fourth, the training will specifically be designed to fit Turkish culture, social norms, gender roles, and communication patterns. Culturally specific counseling will prepare clinicians to deal with biosocial, psychological, and social challenges to quitting, such as ways of managing culturally salient withdrawal symptoms and cues associated with craving, cigarette refusal skills in social contexts, and so on.

Those suffering from chronic illnesses are often depressed and many use smoking as a means of self-medication, which further exacerbates their disease. Those suffering from mental distress have some of the highest prevalence rates of smoking (Legacy Foundation 2011). The proposed

project will train clinical psychologists in cessation skills to address the needs of their own patients as well as patients referred to them who require assistance in dealing with both tobacco addiction and depression as co-morbidities. The availability of clinical psychologists trained in cessation skills will be a valuable addition to the healthcare system, and will be an important contribution to the national health landscape in Turkey.

Intervention Design and Methods

Formative Research Phase (December 2014–April 2015)**:** This project will follow the same proven research-in-cessation training process as that conducted in India and Indonesia by Project Quit Tobacco International (Nichter et al. 2006, 2009, 2010). The project will begin with a formative research stage as a means of assuring that our tobacco cessation training is culturally competent. Formative research is a multistage iterative research process that employs a variety of qualitative methods to examine public health problems in context as well as to develop, critically assess, monitor, and evaluate public health interventions (Nichter et al. 2004). Findings of the formative phase of the proposed project will enable the cultural adaptation of the evidence-based approaches to cessation we aim to employ.

During this phase of the project, we will conduct 30 individual interviews (six patients—three male, three female—from each of the five focal intervention illness categories). Ethnographic research will focus on such topics as 1) patterns of tobacco use, reciprocal exchange, and refusal among men and women; 2) perceptions of health risk associated with different levels of tobacco use; 3) reasons for quitting or suspending tobacco use; 4) whether quitting "cold turkey" is associated with shocking the body or other negative effects; 5) perceptions of smoking during pregnancy and postpartum (for pregnant women); 6) perceptions of the harms of secondhand smoke and how long smoke is believed to remain in the environment after it is no longer seen, and 7) popular understandings of and attitudes toward NRT. Other issues that may arise in preliminary interviews will also be explored with subsequent informants.

Importantly, we will also explore patient's understandings of the relationship between tobacco and our focal conditions (diabetes, cardiovascular disease, respiratory illness, pediatric illnesses, and pregnancy). Disease-specific questions will be asked to explore whether patients believe that smoking causes or exacerbates their illness, whether smoking is believed to impact the effectiveness of the medication they are taking, and whether smoking is considered a factor that may interfere with their treatment. Findings from these interviews will inform the development of culturally appropriate educational materials. Specifically, it will enable the development of materials that will directly address and correct popular misconceptions that people have about tobacco, as well as broader questions people have about smoking, health, and cessation.

Four focus groups (two with males; two with females) will be conducted with patients who have previous experience making quit attempts to ascertain cultural concerns about specific withdrawal symptoms, cravings, and indigenous coping strategies. In addition, two focus groups (one with males; one with females) will be conducted with current smokers who have not

attempted quitting to explore ideas about what social barriers to quitting they anticipate, culturally appropriate cigarette refusal skills, what kinds of cessation messages are considered appropriate from friends and family members, and what social support for quitting might look like in the Turkish context.

Four focus groups will be conducted with nurses and clinical psychologists. As the prevalence of smoking is high in both of these health professions, we will conduct separate focus groups for current smokers who have expressed an interest in quitting, but have not yet tried (two focus groups) and two focus groups with those who have successfully quit. Focus groups will explore a range of issues including: 1) their perceived role as health professionals in tobacco control, 2) reasons for high tobacco use in their profession and behavior change given recent government tobacco control policies, 3) the extent to which they currently assess tobacco use among patients, 4) their attitudes toward and willingness to incorporate cessation as a routine part of their clinical practice, 5) perceived barriers and concerns to engaging in cessation; 6) potential motivators to conduct cessation interventions in the future, and 7) their interest in and willingness to attend cessation training.

Individual interviews will also be conducted with five administrators from clinics and/or hospitals from which we have drawn trainees to ascertain the following: 1) whether they see cessation as an important component of health care in their institution given rising national interest in tobacco control; 2) how cessation might become part of routine clinical practice in their institution; 3) their willingness to sponsor in-house cessation training for nurses in their hospitals led by nurses trained by this project, and the logistics enabling this to take place.

Data analysis from the 30 interviews with patients, five administrator interviews, and ten focus groups described above will facilitate the development of culturally sensitive cessation approaches and training materials and the planning of training dissemination in hospitals in Phase Two (Year Two) of the project. As noted earlier, the project team is already experienced in this endeavor—the Project QTI cessation training approach, honed over a decade in two low and middle income countries, will be adapted for Turkish culture. Illness-specific cessation training videos and quit smoking guides for patients will next be developed and pretested. Once training materials have been pretested and piloted, they will be placed on a website, making them freely accessible to all health professionals in Turkey along with a chat room and message board facilitating discussion of best and innovative cessation practices discovered by health practitioners through experience.

Training of Trainers (TOT) Program: In December 2015, a Training of Trainers program will be carried out in Istanbul. We envision that three established nurses from five subspecialty areas (noted above) (n=15) and five practicing clinical psychologists will participate in this training. The Koc University School of Nursing will be our main contact point for nurses and the Istanbul chapter of the Turkish Psychologists Association will be our recruitment site for clinical psychologists. As currently envisioned, the training will include ten hours of general and disease-specific tobacco related information; eight hours of cessation skill training (5 As, Stages of Readiness to Quit, 5 Rs, motivational communication skills); fifteen hours of cessation

practice; six hours of individual mentoring and group case discussion; and a one-hour face-to-face exam, for a total of 40 hours.

Upon successful completion of the in-class and practicum components, the 20 participants will receive a certificate of training in basic cessation skills registered with Quit Tobacco International. To date, 40 cessation trainers have received this certificate from Project QTI in South and Southeast Asia.

The TOT will be led by the three senior Turkish researchers (Carkoglu, Akyuz, Terzioglu). Each of these researchers has extensive patient-client interviewing experience. They will receive further training in tobacco cessation in Istanbul during a three-week site visit by Dr. Mark Nichter (June 2015). Following didactic training, their experiences with cessation counseling with patients will be followed and discussed through case conferences using communication technologies. It is envisioned that the Turkish team will themselves become Master Trainers. Working closely with these three Turkish researchers, the American collaborators will adapt the QTI cessation training to fit Turkish culture and communication patterns. It is noteworthy that the three Turkish researchers themselves comprise an impressive multi-disciplinary team, representing the fields of psychology, nursing, and medical anthropology.

In Year Two, we envision that each of the nurses trained during the TOT will themselves engage in the training of nurses in their sub-specialty and allied sub-specialties of nursing in their own medical institutions and clinical psychologists will train other psychologists in cessation skills. At present, there are over 120,000 nurses in Turkey, with specialization achieved through on-the-job training and certification or through graduate level education at universities. Over the course of this two-year project, we envision that approximately 140 nurses and psychologists will be trained in illness-specific tobacco cessation skills by a certified trainer. Graduates of the training course will teach their colleagues the 5 As and how to link smoking to the present health condition of their patients. It is expected that most of those who are exposed to short training (estimated three hours duration) will engage in Ask-Advise-Refer (see Detailed Workplan). It is envisioned that future funding will be secured to go to scale once the effectiveness of the training has been demonstrated.

The project will benefit these two professional communities and the tobacco control community of Turkey by increasing the workforce in cessation. People with chronic health problems who are at higher risk for tobacco-related illnesses will be the key beneficiaries as assistance for tobacco cessation becomes mainstreamed into the general health care system and tailored to fit the specific needs of patients.

The proposed project builds upon over a decade of NIH-funded tobacco cessation projects in India and Indonesia. These projects produced cessation trainers in India and Indonesia, introduced illness-specific cessation training in nine medical schools, and established cessation clinics for diabetes and TB patients in each country (for more details, see www.quittobaccointernational.org). In one recent clinical trial in two diabetes clinics in Kerala, India, 52% of diabetes patients who smoked quit smoking cigarettes after receiving Project QTI

cessation counseling (Thankappan et al. 2013). Six months post intervention, the odds of quitting smoking were over ten times higher for patients who received QTI cessation counseling than patients who received quit messages from doctors alone. Even among high level smokers, the odds of quitting held constant demonstrating the value added of culturally sensitive diabetic-specific cessation counseling.

Development of Educational Materials : The development of culturally sensitive cessation training and educational materials are essential to the success of this project. Five lessons learned by QTI India and Indonesia are of relevance to this project. First, in contexts where patients do not already link smoking to a particular health problem, it is important to mark clinical spaces as sites appropriate to discuss cessation. Posters that make this association through a few salient facts, evocative images, or emotional appeals serve this purpose. The charting of smoking status and the inclusion of smoking questions as a routine part of history taking reinforce these messages and flag patients for quit talks. Second, the relevance of quit advice from a health professional is reinforced through illness-specific educational materials that are given to the patient; these provide further explanation of the illness-smoking association. Project QTI found that illness-specific educational materials are particularly effective if organized around a question-answer format. Questions need to be identified through formative research that documents misconceptions and areas of confusion and doubt. The first months of the proposed project are dedicated to identifying what people know and do not know about the harms of smoking and the link to specific health problems. Formative research is also needed to develop "how to quit" guides that are deemed practical. A third lesson learned by Project QTI is that quit guides need to contain viable strategies for coping with side effects and craving. Strategies in India and Indonesia for deflecting attention away from these biosocial states differed, and appropriate coping strategies for Turkey will have to be identified. A fourth lesson is that training needs to incorporate educational materials normed to the level of understanding of the students in training. Existing QTI materials are normed for medical students and will need to be adapted for nurses and psychologists. We do not foresee this as a formidable task, but rather a necessary material development activity that will require pretesting.

A fifth lesson relevant for health professionals is that training is far more effective when formal presentations are accompanied by visual demonstrations of cessation skills and interactive exercises. Visual training materials will need to be developed or adapted from those already available on the Project QTI website. Three forms of materials will be needed. First, we will need to develop five illness-specific videos that model short cessation interventions. These short videos will model the 5As, show the tailoring of advice to a patient's health problem, and clearly demonstrate how to provide an assist that matches a patient's stage of readiness to quit which is culturally appropriate. Scripts will have to balance basic motivational interviewing techniques with cultural communication styles. A longer cessation training video that demonstrates a more advanced set of cessation skills that trainees will be responsible for learning will also need to be developed. Once again, these skills will have to be adapted for Turkish culture and communication patterns. Role play exercises will need to be developed to

accompany this video that will be used in training sessions. Through realistic role play scenario, students will have their first opportunity to practice specific communication skills.

Evaluation Design

During the course of the project, four project activities will be evaluated. This will include an evaluation of 1) illness-related tobacco knowledge, 2) the effectiveness of cessation training, 3) documentation of ongoing brief interventions (BIs), and 4) participation in cessation outreach training. The first pre-post evaluation will take place during the TOT program (described above). A survey will be completed before and after the training to assess knowledge about the links between smoking and illness as well as the understanding of participants of cessation as a process.

After the training session, trainee nurses and psychologists will be tasked with practicing cessation skills by conducting brief interventions with fifteen patients/clients. Approximately four to six weeks post training, trainees will meet in small groups (~ six per group) with the Master Trainers to discuss their experiences of conducting BIs and to receive continuing education as well as support. Issues that emerge in these group discussions and trainee questions will provide the facilitators with qualitative feedback on the training and the experience of the trainees in their clinical sites. After completing fifteen brief interventions with different patients, trainees will provide feedback on the effectiveness of the didactic and experiential training on an evaluation form. They will also take a one-hour face-to-face exam to test their knowledge of and skill in utilizing cessation skills. The exam (already successfully used by Project QTI in India and Indonesia) entails a critical review of the brief interventions conducted by the trainee and role play. Three months post training, a short telephone interview will document the ongoing cessation practice of the nurses and psychologists. Data will be collected on the number and type of patients who were provided cessation counseling one time as well as the number of patients who returned for further cessation support. Other issues to be covered in the phone interview include their experience as a cessation counselor and a documentation of both perceived successes and failures and how challenges have been met. This telephone methodology for cessation counselors was utilized in Project Reach, an NIH-funded project that trained laypersons to conduct brief interventions (The Nichters were co PIs on this project and found this data collection method to be very useful; Castenada et al. 2008; Yuan et al. 2010)

Three to four months post training, each trainee/graduate of the training program will conduct a short, three-hour illness-specific cessation training of colleagues in their unit, hospital, or subspecialty. These “5As plus” (illness-specific advice to establish relevance) training sessions will be supervised by the Master Trainers, and will involve short PowerPoint presentations of key facts on tobacco and specific illnesses, employ videos developed for the project that model illness-specific counseling, and will entail role play of cessation skills. A pre-post evaluation of knowledge and skills learned at these short trainings will be conducted. In addition, a subsample (20%) of students will be contacted for a telephone interview one month post training to document cessation practice.

Detailed Workplan

Shortly after the startup of the project in December 2014, Dr. Mimi Nichter will travel to Turkey to work with Drs. Carkoglu, Akyuz, and Terzioglu on the design of the formative component of the project. Over the course of her two week visit, interview schedules will be developed for individual interviews with patients and administrators and multiple focus group discussion guides will be completed. Questionnaires will be pretested. Formative research will continue through March 2015. Data collection and preliminary findings and analysis will be shared regularly with the American co-researchers through conference calls and frequent emails. Transcription of interview data and analysis will be carried out in April–May 2015. Data analysis will facilitate the development of printed educational materials (posters, pamphlets) normalized for the Turkish population. In June 2015, Drs. Mark and Mimi Nichter will travel to Turkey for a site visit. At this time, three Master Trainers (Carkoglu, Akyuz and Terzioglu) will be trained in cessation skills and formative research will be reviewed toward the end of adapting cessation techniques and social interactional styles to Turkish culture. The Nichters will also assist with the development of the educational videos and the training materials for the TOT. The creation of the educational videos will take place from June through October 2015. Training materials will require ongoing development during this time frame as well. Consultation with the Nichters will be ongoing in bi-weekly conference calls.

Recruitment for the Training of Trainers Program (TOT; n=20) will take place in October 2015, with the actual training occurring in November. Following the three-day didactic and experiential training, nurses and psychologists will return to their clinical sites and will be tasked with conducting fifteen brief interventions with patients/clients on their wards or in their practice over a three-month period. During this time, they will meet in small groups to discuss their counseling experiences with Master Trainers and to address concerns. In February 2016, the cessation counseling skills of these trainees will be evaluated by a face-to-face test involving a thorough review of BI logs, discussion of cessation skill application for patients at different stages of readiness to quit, and role play discussion. If they meet the proficiency standards, they will receive a certificate of course completion.

Beginning in March 2016 and continuing through December 2016, nurses and psychologists will be tasked with training their colleagues in a three-hour cessation course. During this short course they will discuss essential tobacco facts that relate to focal health problems and ways of explaining to patients these links as a means of establishing quit talk relevance. They will also learn the 5As and watch the short illness specific training video modeling the 5 As and then engage in role play activities. Lastly, they will be familiarized with quit tips contained in a quit tip guide that they will hand out to patients, and with basic facts about NRT available over the counter in Turkey. They will also receive information on who to refer patients to for second line cessation counseling and medication prescription. While nurses involved in the three-hour training will be trained in the 5 As, it is envisioned that on the wards when time is limited, most will engage in the AAR guidelines (ask, advise and refer; Berndt et. al. 2013). Evaluation of the experience of some of those who have participated in the short training will take place via

telephone interviews initiated one month following their training. Between April and September 2016, it is anticipated that two nurses and one psychologist (who participated in the TOT program) will attend national conferences in their fields to share their training and experience conducting cessation in their clinical settings. This will serve as a means of promoting interest in cessation within their professional communities and will inform others in their profession of the availability of training opportunities. From August 2016 through December 2016, Turkish and American co-researchers will be involved in preparing manuscripts for publication and conference presentations. Based on the findings of this study, we plan to apply for future grants which will allow us to improve upon and scale up the scope of cessation training opportunities for healthcare professionals in Turkey.

Drawing on the team's expertise in conducting formative research on tobacco use behavior; developing culturally sensitive cessation training; and monitoring and evaluating outcomes, we are confident that we can achieve the ambitious goals outlined here. While Project QTI forms the backbone of the proposed project, there is significant innovation as well. First, in both India and Indonesia, Project QTI smoking cessation programs were aimed exclusively at getting men to quit. In Turkey, both men and women are smokers and smoking cessation will need to be tailored to meet the needs of both groups. Indeed, gendered aspects of tobacco use will be an important focus of our formative data collection (Amos et al. 2013; Nichter et al. 2010). Additionally, Project QTI developed tobacco-related curriculum and training in cessation skills primarily for medical students. Educational modules and cessation training will need significant adaptation to fit the specific training needs of practicing nurses and clinical psychologists in Turkey.

PROJECT TIMELINE:	YEAR 1 DEC 1 2014-NOV 30, 2015												YEAR 2 DEC 1 2015-DEC 30 2016											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Nov	Dec
Project orientation and set up																								
Formative research																								
Research data analysis																								
Edu. material developed & pre-tested																								
Video production																								
Developing. training curr. & master training																								
Website development																								
Recruitment of nurse/psych																								
Training of nurse/psych																								
Nurse/psych supervision																								
Trainee assessment																								
Trainees train colleagues																								
Graduation/ certification																								
Training evaluation																								
Conference dissemination																								
Publication preparation																								

TABLE OF DELIVERABLES			
Deliverables	**Purpose**	**Schedule for completion**	
Formative research findings enabling the development of culturally sensitive cessation approaches and training materials	To determine the content of trainings & materials for patients, nurses, and psychologists	April 2015	
5 illness specific brief intervention videos and 1 hour-long general cessation training video modeling cessation skills (5As, stages of readiness, 5Rs)	To train nurses and psychologists in 5 illness areas and in general cessation training	September 2015	
Illness-specific smoking cessation pamphlets, quit guides, and posters for clinical sites	For use by nurses and psychologists in patient consultations	September 2015	
Webpage repository for all cessation educational training materials (open access)	To train nurses and psychologists and to use in future trainings	November 2015	
3 Master Trainers who will train the 15 nurses and 5 psychologists	To enable training of cohorts of nurses and psychologists	September 2015	
20 junior illness-specific tobacco cessation specialists who will further train colleagues in their area.	To work with chronically ill populations on cessation	March 2016	
(20+3)*15=345 people will have received illness specific cessation brief interventions	To reduce tobacco use among the chronically ill	March 2016	
140 additional nurses/clinical psychologists trained in 5As and cessation skills	To train nurses and psychologists in 5 illness areas and in general cessation training	December 2016	
Evaluation results of training	To obtain feedback on the training to enable refinement of the training	July 2016	
3 manuscripts for publication	To disseminate the findings of the project	December 2016	
3 conference presentations: 1 national nursing 1 national psychology and 1 international tobacco	To disseminate the information about the training	December 2016	

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