INTEGRATION OF CONTENT ON TOBACCO CESSATION INTO THE MEDICAL SCHOOL CURRICULUM

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Background: Smoking remains a major cause of death and disability in this country. Tobacco use and dependence continue to contribute significant morbidity and mortality even though information is widely available to health professionals and patients. There is ample advice against smoking, information on direct effects smoking has on health, as well as effective guidelines for assisting patients to quit. Understanding of issues in tobacco cessation is underscored in two of the main objectives of the Clinical Practice Guidelines: tobacco dependence is a chronic disease, and it may take multiple quit-attempts to ultimately achieve long-term abstinence. Therefore, we must focus efforts on training medical students not only to screen for tobacco use and advise patients to quit, but to provide counseling which addresses where the patient is in the process of smoking cessation at each encounter with the patient. Tobacco related disease affects patients' health as it relates to virtually every medical specialty. Consequently, broad dissemination of the knowledge and skills throughout the medical community is essential to making an impact on public health.

Methods: Tobacco-centered activities were implemented into courses previously identified as suitable venues for addition of project content and activities. Activities included didactic sessions and clinical encounters with standardized patients (SPs) throughout all four years of the curriculum. Assessments included checklists filled out by SPs during an educational workshop, an evaluative encounter, and four cases in the fourth year OSCE. Students also filled out a self-assessment and satisfaction survey.

Results: Students participated actively in all the activities, and demonstrated increasing levels of skills as they advanced through the curriculum. Overall, all components were very highly rated, with the SP sessions being rated the most helpful. 80% of the students rated the SP sessions highly at a 6 or higher on a 7 point scale, and 64% rated their comfort in providing smoking cessation counseling in their preceptors’ offices at a 6 or higher on the same scale. The mean self-rated ability to help patients quit using tobacco was 2.56 (s.d. 1.0) prior and 4.1 (s.d. 0.67) after the program (2-tailed sig. 0.000).

Conclusions: Comprehensive tobacco cessation curricula can readily be incorporated into medical school curricula. Using standardized patients at multiple points and in multiple stages provides students with a chance to improve their skills over time. This unique curriculum successfully integrated this important topic in public health into courses and clerkships in an exportable fashion.