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Secondhand Smoke Exposure

- Frequently correlated with alcohol use
 - e.g., in bars, bowling alleys, clubs, parties, etc.

 Most medical school curricula do not adequately address the topic of SBI for tobacco use, SHS exposure, and/or problematic drinking

Study Purpose

- To introduce a practical, easilyimplemented educational intervention for health professions students, addressing:
 - Consequences of SHS exposure
 - Skill-development in screening and brief intervention



Intervention Components

Secondhand Smoke lecture series

Standardized patient cases

 Brief intervention (motivational interviewing) instruction/demonstration

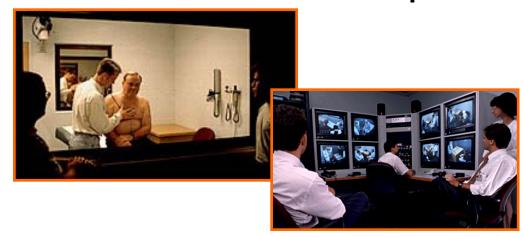
SHS Lectures

- All available online or DVD
- http://www.psychiatry.ufl.edu/Education/ Secondhand-smoke/
- Short (5-10 minute) segments covering:
 - General knowledge
 - Pediatric complications
 - Adult complications
 - Public health implications
 - Hookah



Standardized Patient Cases

- Library of 10 standardized patient cases developed for medical student instruction and testing
- Cases are formatted so that actors may present as a 'patient' with a medical condition related to SHS exposure.



Motivational Interviewing Demos

- Clinical instruction DVD (available online)
 - http://www.youtube.com/user/MerloLab
- Demonstrates how practitioners can implement MI strategies in behavior

change counseling



Demonstration Videos

 http://www.youtube.com/user/MerloLab# p/u/3/URiKA7CKtfc

- "The Ineffective Dentist" & "The Effective Dentist"
- "The Ineffective Physician" & "The Effective Physician"
- "The Ineffective Pharmacist" & "The Effective Pharmacist"

Method

Participants
 Students in the University of Florida College of Medicine.

Measure

Secondhand Smoke Competency Exam—Revised.

The SHS Competency Exam—Revised consists of 10 multiple choice items designed to assess SHS knowledge and 2 items assessing intent to screen patients for SHS exposure.

Analyses

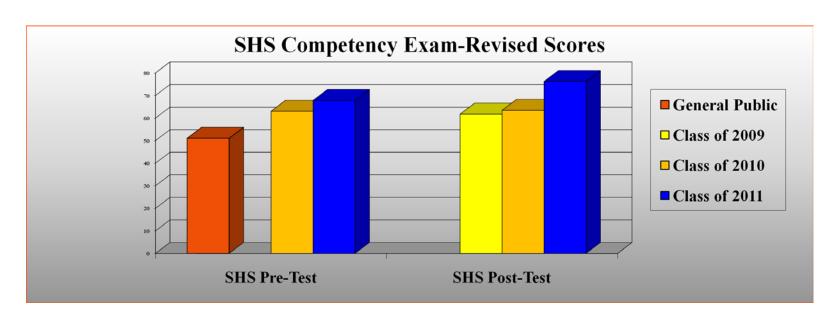
The Class of 2009 served as the post-test-only control condition;

The Class of 2010 served as the no-treatment control condition;

The Class of 2011 served as the experimental group, receiving pre-test, intervention, and post-test

Results

- Control group students did not improve SHS Competency scores across their second year of medical school (pretest M= 63.0%; post-test M= 63.4%; t = 0.60, p = .55).
- Scores improved (pre-test M=68.8%; post-test M= 76.2%) for the group who received the intervention (t = 4.21, p < 0.001)



Qualitative Results

- At pre-test, a minority of students indicated no intention to screen patients for SHS exposure (e.g., "Patients are usually aware of risks already")
- At post-test, 100% of students planned to screen
 - "It takes only a second to ask, and you could save people many comorbidities."
 - "Although the risk of disease secondary to primary tobacco use is well known, I think it is more likely that individuals at risk for diseases or with diseases associated with SHS are more likely to not fully understand the risks of SHS. In that setting, education might be beneficial."
- Students generally responded favorably to the education materials
 - "I knew that SHS was bad, but I was oblivious to the breadth of illnesses it can cause, especially in children who cannot protect themselves. These lectures were concise and to the point. They should be seen and understood by everyone, especially those who are going into the health profession."

Next Steps

 Educational packets being prepared for national distribution to medical schools

Other resources available online

 Hope to make resources available on MedEdPortal and/or other outlets

Thank you!

Questions?

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