Smoking cessation education: a traditionally forgotten subject in nursing curricula

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The current situation of the COVID-19 pandemic should not make us forget other non-infectious epidemics that cause disease, disability, and death worldwide, such as smoking. This epidemic s preventable and silently responsible for nearly 8 million deaths per year (World Health Organization [WHO], 2019). Smoking is a significant factor in reducing quality of life and life expectancy by 14 years on average (European Comission, 2021).

Although psychosocial (Martinez et al., 2021) and pharmacological interventions for smoking cessation have proven to be highly effective (West et al., 2015), smoking cessation support programs and the support provided by health professionals in Europe are suboptimal (Duaso et al., 2017; Filippidis et al., 2014).

Therefore, nurses are in an ideal position as professionals to address the several opportunities for smoking cessation interventions. There are two main reasons for this. First, the very nature of the discipline, which involves an interpersonal care relationship. Second, nurses are the largest healthcare workforce and in the best position to respond to health education and promotion needs and to promote smoking cessation in a wide variety of settings (Duaso et al., 2017; Pueyo et al., 2019; Schwindt & Sharp, 2013). However, nursing's contribution to tobacco control is also insufficient (Duaso et al., 2017; Martínez et al., 2020), despite its historical roots in public health and health promotion (Barker & Buchanan-Barker, 2011; McAllister, 2010).

There are several reasons for nurses' limited contribution to the promotion of smoking cessation, such as their own consumption (Duaso et al., 2017), lack of time to encourage the adoption of healthy behaviors, and lack of training on how to help smokers quit (Katz et al., 2016). International studies have shown that nurses receive little theoretical and practical training on how to support people to stop smoking (Forman et al., 2017; Martínez et al., 2019), which is the main reason preventing them from intervening when interacting with a smoker in clinical practice (Sreedharan et al., 2010).

In an attempt to fill the historical gap in smoking education, the Institut Català d'Oncologia (Catalan Institute of Oncology, ICO), which is a World Health Organization Collaborating Center for Tobacco Control, together with teachers and researchers from seven European universities (INSTrUCT Consortium), in Spain, Portugal, Belgium, and the United Kingdom have developed an innovative, semi-tutored, open educational resource available online to all European universities: the INSTrUCT course (funded by the Erasmus+ program).

Why is INSTrUCT an online open educational resource?

Online teaching is of particular importance to the new teaching-learning models in conjunction with the multiple possibilities for using information and communication technologies in education (Authement & Dormire, 2020). Moreover, online teaching allows students to engage in learning experiences through technology, access new content, and connect and interact with teachers and other students (Moore et al., 2011).

Thus, one of the main advantages of designing new teaching content through online teaching is that students living in remote areas or with mobility difficulties can access quality education. In addition, through online training, historically neglected contents in nursing curricula can be more easily introduced into compulsory or

optional subjects.

Considering the benefits of this type of training, the INSTrUCT project consortium set out to develop an open educational resource for training healthcare students to help smokers quit tobacco use. Funded by the Erasmus+ program, this educational resource was designed and developed in 2020. In the first quarter of 2021, a pilot test will be conducted in seven European universities. In total, more than 1,000 undergraduate nursing students and 30 medical students will test it for the first time. After assessing its effectiveness, this resource will be made available free of charge to all European universities for implementation in their healthcare curricula.

What is INSTrUCT?

The main objective of the INSTrUCT educational resource is to train healthcare students in interventions to help and support smoking cessation. It is delivered and assessed virtually to implement a wide range of innovative training and assessment activities to improve students' knowledge and skills in smoking cessation. More specifically, the educational contents and learning experiences are available in three formats: theoretical modules, videos, and simulated cases.

The five theoretical modules include a description of the tobacco epidemic, effective psycho-cognitive and pharmacological interventions, nicotine dependence assessment tools, motivation to quit smoking, and others. The modules are delivered through interactive and multimedia materials with examples and practical exercises for students to check whether they have understood and acquired the content in each module separately and globally.

It also includes five videos about specific situations of delivering support to smokers in clinical practice: offering useful advice, performing CO-oximetry, offering pharmacological help, among others.

Both the modules and the videos are designed to enable students to acquire knowledge and skills for treating smokers, regardless of whether they are ready and/or motivated to quit smoking or not.

Finally, an innovative feature of INSTrUCT is the use of virtual simulation. It includes three practical cases similar to those that a health professional might find in everyday clinical practice. Students can acquire knowledge in a safe environment and improve their critical thinking and communication skills through virtual environments. Simulation scenarios were designed based on the methodology proposed by Dieckmann et al. (2007): 1) introduction to the case (prebriefing); 2) summary of the situation; 3) scenario; and 4) debriefing. During the scenario, students choose the most appropriate response out of several possibilities for each case. After completing the case, in the debriefing phase, students reflect on their performance and whether or not they have achieved the expected learning outcomes (explained to in the Introduction).

The scenario and virtual debriefing give students the opportunity to experience real-life situations before applying their knowledge in real clinical settings. As a result, students acquire skills in a structured manner based on Benner's "Novice to Expert Model". This e-learning model allows students to improve their knowledge, attitudes, and skills gradually through the promotion of a competency-based learning trajectory (Thomas & Kellgren, 2017).

Finally, the materials of this open educational resource have been developed in four languages: Spanish, English, French, and Portuguese, which facilitates their current and future use in many universities in Europe.

INSTrUCT, a "virtual" program with "real" impact

As mentioned above, INSTrUCT resulted from the collaboration between several professionals and institutions to address the lack of training in smoking in healthcare curricula, namely in nursing curricula (Richards et al., 2014). This ambitious educational project has been made possible through the joint efforts of professionals from different backgrounds and areas of expertise, such as teachers specialized in tobacco control, innovative teaching methods, information technologies, among others.

Creating online content in four different languages is a key factor in facilitating the dissemination and implementation of the program in European universities.

The INSTrUCT project members believe that its most immediate objective is to improve smoking cessation education in healthcare curricula, but its major challenge is to train a new generation of health professionals to work in tobacco control. These health professionals, many of them nurses, will actively contribute through their practices to tackling the endemic and long-lasting tobacco epidemic in Europe.

Acknowledgements

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