Main Questions

• To what degree are medical students using the 5As counseling method (Ask, Advise, Assess, Assist, Arrange) to provide tobacco treatment?

• Is a curriculum with several different types of learning activities that is repeated throughout medical school an acceptable and effective way to teach medical students about tobacco treatment compared to traditional medical school education?

Study

10 U.S. medical schools were randomized to receive either the comprehensive tobacco treatment education, called Multi-Modal Education (MME), or traditional tobacco dependence medical education. MME was composed of an online web-based course, several role-play demonstrations and videos during the 1st and 2nd years, and an enhanced 3rd year clerkship experience where preceptors as well as students were further trained to do tobacco dependence treatment. After completing the curriculum, all students were video-taped as they interacted with a standardized patient and scored on completion of specific tobacco dependence treatment behaviors (i.e. 5As counseling). We hypothesized that students from schools who completed MME would score higher on this behavioral checklist as well as on self-reported skills of these behaviors, compared to students from schools that did not receive MME.

The Bottom Line

Physicians see 70% of adults’ smokers every year, therefore, medical students must be prepared to offer counseling and treatment to help patients quit smoking. Medical education should include more intensive and interactive tobacco treatment training throughout all of medical school training. This training will increase both their confidence in their ability to provide effective treatment, as well as increase the likelihood that physicians will routinely provide tobacco dependence treatment to patients.

Spotlight on Results

Medical students who participated in the curriculum with online materials, role-play, and clerkship (MME) were better trained in offering tobacco treatment.

• Students were more likely to complete 27 out of 33 tobacco treatment behaviors on the objective structured clinical examination compared to students who did not receive this curriculum.

• Several Assist and Arrange items were significantly more likely to have been completed by MME students, including suggesting behavioral strategies (11.8% vs. 4.5%), and providing information regarding Quitlines (21.0% vs. 3.8%).

• MME students reported higher self-efficacy or confidence to Assist, Arrange, and provide pharmacotherapy counseling compared to traditional education students.

Call for Action

Medical education should include repeated experiences working with patients who smoke. Training should be integrated throughout all years of medical education and preferably could begin as early as first year.

Source