

National Smoking Cessation Champion Workshops

Background Information

1. **The Role of a Smoking Cessation Champion:**

- To seek, create, and coordinate opportunities to promote the smoking cessation guideline.
- To develop and mentor others who would promote and support knowledge transfer within their practice settings.
- To provide operational support for smoking cessation guideline integration within their organizations' policies and systems (e.g. quality assurance, nursing practice counsels, development of medical directors, nursing documentation).
- To network and raise awareness with other nurses and healthcare professionals in their organization about the smoking cessation guideline.
- To participate, and encourage the participation of colleagues, in the TobaccoFreeRNAO.ca online community
- To be a resource to the local organization for knowledge transfer.
- To be the linking agent between the RNAO Best Practice Guidelines Project Team and their home organization

2. **Expectations of a Smoking Cessation Champion:**

- Share experiences and learn from other Nursing Best Practice Champions by participating in a minimum of two monthly teleconferences over a 2-year period
- Provide, at minimum, one presentation to the colleagues following attendance at the RNAO workshop

3. **Expectation of Participation in the Evaluation of the Smoking Cessation Project:**

As Smoking Cessation Best Practice Champions, participants will be expected to participate in the evaluation component of the 2010/11 RNAO National Smoking Cessation Initiative, as per their availability. The evaluation of the project may include focus groups, interviews, surveys etc.

4. **The benefits of being involved:**

The RNAO will actively support and train nurses in your organization to be able to transfer knowledge about nursing best practice guidelines to their daily practice. By becoming a "RNAO Smoking Cessation Best Practice Champion" you will be given:

- a) A one-day education (orientation) workshop that will develop skills and give resources (including workbook, the RNAO Smoking Cessation Best Practice Guideline, the RNAO Implementation Toolkit worksheets, articles, references) to enable you to leave with broad action plans for local/ service base training
- b) Access to a network of Best Practice Guideline Champions within your region and across Canada, established to give ongoing consultation and resources within web-services, materials, newsletter, and regular meetings
- c) Tools and resources to assist with implementation of evidence-based practice
 - i.e., standard templates for presentations, flyers and/or posters, updates or fact sheets

5. **Pre-requisites to become a Smoking Cessation Champion:**

- Nurses and other health care professionals are welcome to become RNAO Smoking Cessation Champions.
- As a pre-requisite to attend the workshop, successful applicants must complete at least one of the following:
 - Complete the RNAO Smoking Cessation e-learning course located at: www.RNAO.org/smokingcessation
 - Complete the OTRU Smoking Cessation online course located at: <http://tobaccocourse.otru.org>
 - Comprehensively read the RNAO Nursing Best Practice Guideline "Integrating Smoking Cessation into Daily Nursing Practice". (<http://www.tobaccofreernaoc.ca/Page.asp?PageID=122&ContentID=700>)

6. Available Smoking Cessation Champion Workshops:

Location	Workshop Dates
Iqaluit, Nunavut	Sept 21, 2010 Sept 23, 2010
Souris, Manitoba	Sept 29, 2010 Nov 25, 2010
Whitehorse, Yukon Territory	Oct 5, 2010
Gander, Newfoundland and Labrador	Oct 26, 2010 Oct 27, 2010
Moose Jaw, Saskatchewan	Nov 16, 2010 Nov 18, 2010
Winnipeg, Manitoba	Nov 23, 2010 Dec 1, 2010

7. How to apply:

- Complete the online Application form by visiting www.TobaccoFreeRNAO.ca
- Complete the attached Application Form and submit via fax **ATTN: Catherine Wood Fax#: 416-907-7962**
- For additional copies of this Application Form, please visit the RNAO's smoking cessation web site at www.TobaccoFreeRNAO.ca.

If you require further information, please feel free to contact:

Catherine Wood
Project Assistant
Direct Line: 1-800-268-7199 x204
Email: cwood@RNAO.org

Registered Nurses' Association of Ontario, 158 Pearl Street, Toronto, ON., M5H 1L3, www.RNAO.org

Best Practice Champion Network

National Smoking Cessation Champions Workshops Registration Form

Please fax this Registration Form to **Fax# 416-907-7962 Attn: Catherine Wood** at the RNAO.
Following submission, you will receive an email to confirm your registration and provide you with the workshop details.

First Name _____	Last Name _____
Work Phone _____	Mobile/ Pager _____
Home Phone _____	Fax Number: _____

**At least one phone number is required.
Email is required.** Email: _____

Work Title/ Position: _____

Organization: _____

Preferred Mailing Address: _____

Please check your profession:

- | | | |
|---|--|---|
| <input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Addictions Counsellor
<input type="checkbox"/> Community Health Worker
<input type="checkbox"/> Midwife
<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Physician | <input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other: _____
(please indicate) |
|---|--|---|

Please check the workshop that you would like to attend:

- | | | | |
|-----------------------------------|---|---------------|--|
| Iqaluit, Nunavut | □ | Sept 21, 2010 | |
| | □ | Sept 23, 2010 | |
| Souris, Manitoba | □ | Sept 29, 2010 | |
| | □ | Nov 25, 2010 | |
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| | □ | Nov 18, 2010 | |
| Winnipeg, Manitoba | □ | Nov 23, 2010 | |
| | □ | Dec 1, 2010 | |

Workplace setting(s) (Check one or more of the following):

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulatory Care
<input type="checkbox"/> Acute Care Hospital
<input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Complex Continuing Care
<input type="checkbox"/> Family Health Team
<input type="checkbox"/> Home Health Care
<input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Psychiatric Hospital/ Mental Health
<input type="checkbox"/> Public Health
<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Other: _____ |
|--|---|--|

Are you a nursing student?

- Yes
 No

If "yes", indicate your school of nursing: _____

How did you first learn about the Smoking Cessation Nursing Best Practice Champions Workshop?

- | | | |
|---|---|---|
| <input type="checkbox"/> Direct mail
<input type="checkbox"/> Canadian Nursing Students' Association
<input type="checkbox"/> Listserv: _____ | <input type="checkbox"/> Posting in Organization
<input type="checkbox"/> RNAO Website
<input type="checkbox"/> Smoking Cessation Facilitator
<input type="checkbox"/> Smoking Cessation Flyer | <input type="checkbox"/> TobaccoFreeRNAO website
<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Other: _____ |
|---|---|---|

What kind of smoking cessation services do nurses and/or other health care professionals (HCPs) currently provide in your organization?

How long have nurses and/or other HCPs been providing these smoking cessation services?

Do nurses and/or other HCPs use any specific smoking cessation guidelines? If so, please explain.

Have you received any previous formal training in smoking cessation practices? (Note: This does not affect your eligibility to attend the Smoking Cessation Champion workshops.)

What population groups/priority sectors do you currently work with? (i.e. general population, youth, mental health, First Nations, pregnant and postpartum women, hospitalized smokers etc.)

What percentage of your time do you currently dedicate to smoking cessation?

Are there any barriers/challenges that prevent you from dedicating more time to smoking cessation?

Currently, how confident are you in providing smoking cessation services to patients/clients?

What kind of cessation practices and/or policies are currently in place in the organization in which you work?

In your opinion, how much of a priority is smoking cessation relative to the other health issues your organization deals with?

I agree to participate in the evaluation component of this program.

I understand that completion of this form does not confirm my registration. I have provided a current and valid email address to receive confirmation of my registration in the workshop.

Signature

Date: _____