

International Quitline Institute

WCTOH IQI Workshop 2015: Quitline Protocol Training Overview

Outcome Goals:

Ability to recognize what protocols are needed to support quitline services and gain greater insight on how to create necessary protocols.

Learning Objectives: Workshop participants will be able to:

- Describe how protocols protect participant safety and support intervention quality.
- Articulate how protocols serve to limit liability of the quitline.
- Recognize that some protocols are very specific in nature and others are more general.
- Identify what protocols are needed to support the delivery of their quitline services.
- Recognize that development of protocols is a long-term effort and will change and evolve as the quitline—and evidence base—grows.
- Recognize resources available to support the creation of protocols for their tobacco quitline.

Background: How protocols can inform training of counsellors and quitline operations

A protocol is essentially a system of rules that explains the correct conduct and procedures to be followed in a specified situation. In the case of a tobacco quitline, protocols spell out what is supposed to happen when a caller reaches the quitline.

Once a quitline determines what types of callers they will serve and the services that will be provided to callers, protocols can be created to define how those services will be effectively delivered. These protocols can then serve as a resource for training materials for counsellors and other quitline staff. Protocols can also help inform call quality assessment tools used by quitline management to monitor treatment fidelity. These protocols can include many different aspects of the call experience, such as

- How the phone is to be answered.
- What initial questions should be asked.
- What data should be recorded.
- Triage rules around types of service to be offered.
- Counselling elements.
- Other call functions such as referrals, medication, materials, Internet, and study offering.
- How to close a call.
- Rules for follow-up, e.g. whether to offer future calls, timing of calls, method of future connection (appointment, quit-line calls, participant calls, etc.), content of future calls.

Resources and Materials:

- Developing and Improving National Quitline Services
http://www.who.int/tobacco/publications/smoking_cessation/quit_lines_services/en/
- Counselor Training Manual – Appendix 4
http://www.who.int/tobacco/publications/smoking_cessation/9789241507264/en/

Handouts:

- Protocol template that participants can use to create their own protocols
- Information on how protocols can inform training of counsellors and quitline operations
- Information resources to help inform protocols:
 - US Clinical Practice Guideline *Treating Tobacco Use and Dependence 2008*
http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf
 - Cochrane Review:
 - *Telephone Counselling for Tobacco Cessation*
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002850.pub3/pdf>
 - *Pharmacological Interventions for Tobacco Cessation: An overview and network meta-analysis (2013)*
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009329.pub2/abstract>
- Protocol examples:
 - Relapse prevention
 - Cessation medication decision support
- Description of technical assistance (IQI team)
 - The IQI website (<http://internationalquitlineinstitute.com/>) has online content for those who are developing or improving a tobacco quitline.
 - The IQI is available to conduct telephone counsellor training in various regions around the world, depending on available funding. Please contact the IQI team to see if training can be provided for your team. Email: IQI@alere.com

Questions:

- Who is your target audience of callers?
- What treatment services does your quitline (or will your quitline) provide?
- How do you see protocols protecting the safety of your callers and reducing liability risk of your quitline?
- Will your quitline take a scripted approach to helping tobacco-users quit or will your counsellors use a non-scripted approach?
- What are some examples of protocols that are very specific and some that are more general?
- Who on your team will create the treatment protocols?
- What process will those designated to develop the treatment protocols go through to create them?
- Will you have any external review of your treatment protocols?
- Where will protocols and associated resources be stored so that trainers and managers can access them as needed?
- How are you going to assure that phone counsellors will use the protocols when appropriate?