

Healthcare providers often do not have the time to counsel patients on how to quit smoking. Consequently, little emphasis is placed on this pursuit, and no behavioral counseling is done. Using medications approved by the U.S. Food and Drug Administration in combination with behavioral counseling has been shown to be effective in smoking cessation programs. Oncology nurses, and advanced practice nurses in particular, can play a significant role in helping patients to quit smoking. This article details how one oncology clinical nurse specialist created a smoking cessation program at her institution.

#### AT A GLANCE

- Continued cigarette smoking after a cancer diagnosis can increase a patient's risk of developing smoking-related illness and secondary primary tumors, as well as affect treatment efficacy.
- A growing body of evidence supports the effectiveness of healthcare providers, including advanced practice nurses and physician assistants, in promoting smoking cessation.
- An understanding of nicotine addiction and evidence-based strategies to combat the addiction is necessary for those providing smoking cessation counseling.

#### KEYWORDS

smoking; smoking cessation; tobacco use cessation; nicotine dependence

#### DIGITAL OBJECT IDENTIFIER

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# Smoking Cessation

## An oncology clinical nurse specialist–led program

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**U**se of tobacco remains the most preventable cause of death worldwide (American Cancer Society [ACS], 2018).

Cigarette smoking increases the risk of cancers of the oral cavity and pharynx, larynx, lung, esophagus, pancreas, uterine cervix, kidney, bladder, stomach, colorectum, and liver, as well as the risk of acute myeloid leukemia (ACS, 2018). Tobacco is responsible for one in three cancer deaths in the United States (ACS, 2018). Continuing to smoke after a cancer diagnosis and during cancer treatment can lead to the development of smoking-related illnesses and secondary primary tumors, and it can even compromise the efficacy of cancer treatment (Gritz, Vidrine, & Fingeret, 2007; McBride & Ostroff, 2003; Simmons et al., 2009).

The impact of smoking on health can be illustrated by mandatory healthcare documentation. Meaningful use documentation for institutions with an electronic health record (EHR) requires that the smoking status of every patient be recorded (Lindholm et al., 2010). Consequently, the certified medical assistant or the nurse must inquire about the patient's (a) smoking status (current, former, or never smoker), (b) tobacco history (how much is smoked per day and for how many years), and (c) interest in smoking cessation and whether he or she has received cessation counseling. Despite this assessment, little, if any, time is spent on helping patients to quit smoking and on providing the behavioral support needed to be successful in doing so. Recognizing the incongruence in care, Duke Cancer

Center Raleigh in North Carolina opted to prioritize the provision of smoking cessation resources to patients.

#### Program Development

In developing a smoking cessation program at Duke Cancer Center Raleigh, the author, an oncology clinical nurse specialist (CNS), examined current practices across the healthcare system. A smoking cessation program led by a certified tobacco treatment specialist (CTTS) had recently been initiated at Duke University Hospital in Durham, North Carolina. The CTTS primarily practices as a nurse practitioner (NP) in the thoracic surgery clinic and counsels all patients on smoking cessation prior to any surgical procedure. The CNS identified that having a lack of smoking cessation resources available to patients was problematic. Leadership approval and support for a facility-based program was subsequently obtained. Three components essential to establishing the program were identified: (a) completion of a CTTS training program by the center's oncology CNS, (b) development of evidence-based educational materials, and (c) initiation of a formal process for patient consultation and follow-up.

#### Certified Tobacco Treatment Specialist Training Program

The first step was to have leadership sponsor the oncology CNS's training to become a CTTS. This training was provided by the Treating Tobacco Use and Dependence: Tobacco Treatment Specialist Certification program, which is offered by the Council for Tobacco