

Tobacco Cessation Program for LSU School of Dentistry

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Abstract

For the LSU School of Dentistry, Dr. Jeevan Yenuganti, and an oral medicine doctor, and I developed a tobacco cessation program to be incorporated into the four year curriculum for our students. It is based on the most recent knowledge and components of effective tobacco cessation programs. Our goal is to provide an avenue for help for smokers who have the desire to quit and to educate our dental students in the implementation of a tobacco cessation program for the dental office or healthcare facility.

Entry Level Skills: 1st year dental student's introduction in Preventive Dentistry

Text: Clinician's Guide Tobacco Cessation, Abdel Rahim Mohammad, 2006, BC Decker Inc.

Introduction

Purpose: The LSU School of Dentistry will serve as the ideal setting for an advocacy program of tobacco cessation since dental students provide comprehensive patient dental care on a daily basis and have ready access to 'tobacco dependent' individuals who seek dental treatment.

Rationale: Tobacco use in Louisiana is a major health concern. Louisiana, a part of the 'West South Central Division along with Arkansas, Texas and Oklahoma is in the top five for smoking prevalence according to the current population surveys (1998-1999) and (2006-2007). Lung, bladder, and kidney cancers, especially in women, are on the rise in Louisiana according to the Journal of the National Cancer Institute December 2008. There is desperate need for access and availability of a comprehensive model involving screening, community based education, professional networking and management of 'tobacco dependent' individuals in Louisiana who wish to stop smoking. Currently, seventeen dental and dental hygiene school smoking cessation programs are successfully integrated into the curriculum. Course hours dedicated range from 2-10 hours.

Competencies/Educational Objectives

The dental student upon completion of the fourth year will have had a series of Lectures that will provide the students with knowledge of the prevalence and the systemic and local effects of smoking and smokeless tobacco use.

- Smoking as a major risk factor for periodontal disease
- The effects of tobacco use on treatment results
- Nicotine Addiction
- Benefits of tobacco-free lifestyle
- Stages of change
- Clinical interventions
- Use of nicotine and non-nicotine pharmacologic therapy
- The tobacco industry influence
- The role of health care providers in policy and media advocacy

In order to get credit: a Tobacco Use Assessment Form and the filled out Brief Intervention for a patient of choice from each senior dental student will be brought to Ms. Parker in Room 5361 where the intervention will be discussed along with any perceived necessary follow-up. This is to be done by student before graduation.

Educational Sessions

- 1st year Introduction to Preventive Dentistry, Dr. Garbee
- 2nd year Professional Development II-Communication Techniques, Dr. Bates
- 3rd year Clinical use of the program using Axium for identification and documentation of patient smokers active in the system and the knowledge of the 5 A's of intervention (ask, advise, assess, assist and arrange) for the tobacco dependent individual who want to stop
- 4th year Continuation in clinical intervention and presentation of at least one case- Ms. Susan Parker, possible guest speakers, smokers who have quit, etc.

Evaluation

Pass/Fail and bonus points for additional clinical interventions

Attendance

Mandatory

Tobacco Cessation Initiative-Strategies for the Dental Student

Director: Susan S. Parker, RDH, MBA, MEd
Minor Unit: Comprehensive Dentistry
Designation: Clinical Science Selective
Type: Required
Starting year: Dent year 1
Ending year: Dent year 4
Total clock hours: 10
Lecture: 6
Lab: 4
Examination: 1

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LSU Health Care Services Division

Out-patient Tobacco Cessation Referral Form

Facility: _____

Clinic: _____

Home Phone: _____

Cell Phone: _____

Alternate phone: (__Work, __Family Member, __Other): _____

Mailing Address: _____

- Was patient advised to quit tobacco use? Yes No
- Is patient ready to quit within the next 30 days? Yes No
- Was patient given self-help material? Yes No

Was Medication Consult provided by physician?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does patient want Medication Only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consulting Physician:		
Printed name (or stamp): _____		
Signature: _____		Date: _____
Medication Prescribed (please attach prescription to referral form)		
Wellbutrin SR <input type="checkbox"/> 1 Q Day X3 Days, then 1 PO BID 150 mg, #120, no refills	Wellbutrin XL <input type="checkbox"/> 1 Q Day X3 Days, then 1 PO BID 300 mg, #120, no refills	
Chantix <input type="checkbox"/> Day 1-3: 0.5 mg once daily; Day 4-7: 0.5 mg twice daily; Day 8-end of 12 week treatment: 1mg twice daily		
NRT Patch <input type="checkbox"/> For > 10 Cigarettes apply 1 patch (21mg) Transdermal route once daily for 2 weeks	<input type="checkbox"/> For < 10 Cigarettes apply 1 patch (14mg) Transdermal route once daily for 2 weeks	
Other: _____		
If no medication prescribed, please check reason:		
<input type="checkbox"/> Pregnant <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Refused <input type="checkbox"/> Other _____		

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