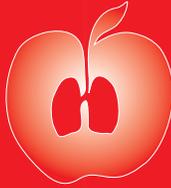


Réseau
canadien
pour
les soins
respiratoires



Canadian
Network
for
Respiratory
Care

TAKE ON TOBACCO

Become a Certified Tobacco Educator (CTE)



“Certified Tobacco Educators have the ability to reduce the burden of disease and suffering caused by tobacco use.”

Kenneth R. Chapman, MD MSc FRCPC FAC, CNRC President

“We need to engage clients cognitively and behaviourally – touch their hearts, change their minds.”

Peter Selby, MBBS CCFP, Centre for Addiction and Mental Health

“Smoking cessation is the single most powerful preventative intervention in clinical practice.”

Andrew Pipe, CM MD LLD(HON) DSC(HON), University of Ottawa Heart Institute

“By treating tobacco use disorder as a chronic disease using appropriate evidence-based interventions, we can help take away the self-blame and guilt many of our clients who use tobacco feel. We can do more to help our clients quit. Let’s take on tobacco!”

Cheryl Connors, CNRC Executive Director

The **Canadian Network for Respiratory Care (CNRC)** is a non-profit organization and registered charity. Through its certified educators and member organizations, CNRC works to improve the quality of life for individuals and their families living with respiratory diseases and tobacco use disorder, by developing, promoting and advocating for the highest standards of education in health promotion and care.

© Canadian Network for Respiratory Care, 2023. All rights reserved. No part of this booklet may be reproduced in any manner without written permission of the **Canadian Network for Respiratory Care**.

Certify • Educate • Improve Lives

The **Certified Tobacco Educator (CTE)** credential recognizes healthcare professionals who provide excellence in tobacco prevention and cessation services to their clients. This new internationally recognized credential demonstrates to your clients, peers and supervisors that you have the competencies to provide comprehensive, evidence-informed tobacco education in health promotion and care.

Every eight seconds, someone in the world dies from tobacco use. The CTE program trains healthcare professionals to use a disease management approach to tobacco use disorder – providing you with current and practical evidence-based skills and knowledge to effectively help your clients quit successfully.

You will learn how to integrate health promotion and education into your practice – teaching you how to empower your clients to manage their own health goals.

The CTE credential is based on two sets of core competencies (*i.e. knowledge, skills and abilities*) that include foundational health education as well as tobacco prevention and cessation.

Foundational health education competencies include:



- Health Promotion and Education
- Communication
- Educational Interventions
- Resource Management
- Professional Practice
- Program Evaluation

Tobacco education competencies include:



- The Tobacco Epidemic
- Tobacco Use Disorder and Other Substance Use
- Tobacco Control
- Assessment and Interventions
- Pharmacological, Complementary and Alternative Treatment
- Client-Centred Care
- Tobacco Programs and Systems

Steps to certification:

1 Qualify
You must have a degree or diploma in a recognized healthcare profession, with a scope of practice that includes counselling.

2 Complete Courses
You must successfully complete CNRC-accredited foundational health and tobacco education courses. For a list of current CNRC-accredited training providers, please see the CNRC website at www.cnrchome.net. Courses are available in both classroom and online formats.

3 Pass Examination
The computer-based, multiple-choice exam is offered at proctored exam centres throughout North America and internationally.

4 Recertify
CTEs must recertify every five years by submitting an application that shows a combination of teaching and learning hours totalling 500 hours over the five-year period or by re-taking the exam.

Foundational Health Education Competencies

1 Health Promotion and Education



1.1 Practise Health Promotion

- 1 Apply Social Determinants of Health when working with individuals and communities.
- 2 Apply the principles of Primary Health Care defined by the World Health Organization.
- 3 Differentiate among the three levels of health promotion and disease prevention:
 - a Primary
 - b Secondary
 - c Tertiary
- 4 Integrate theoretical frameworks of health promotion and care into practice:
 - a Expanded Chronic Care Model
 - b PRECEDE/PROCEED Model
 - c Social Support
- 5 Identify the role of the educator in an overall health promotion strategy.
- 6 Integrate principles of client-centred care into practice (i.e. individual, family, community).

1.2 Apply Education Theory

- 1 Explain the benefits of health education.
- 2 Integrate teaching and learning theories and philosophies into practice:
 - a Behaviourism
 - b Constructivism
 - c Humanism
 - d Cognitivism
- 3 Apply models and theories of behaviour change with clients:
 - a Health Belief Model
 - b Social Cognitive Theory
 - c Self-efficacy Theory
 - d Theory of Planned Behavior
 - e Transtheoretical Model
 - f Confidence and Conviction Model

2 Communications



2.1 Use Communication Methods and Techniques

- 1 Communicate in a courteous, empathetic, and professional manner.
- 2 Adapt communication techniques and approaches based on the client's health literacy.
- 3 Use verbal and non-verbal communication to optimize the teaching-learning process.
- 4 Develop clear and concise written communications tailored to the recipient.
- 5 Provide education in a group setting (e.g. group dynamics, presentations).

2.2 Implement Motivational Interviewing

- 1 Integrate the spirit of motivational interviewing into practice.
- 2 Use the processes of motivational interviewing:
 - a Engaging
 - b Focusing
 - c Evoking
 - d Planning
- 3 Demonstrate the core interviewing skills.

3 Educational Interventions



3.1 Assess Client

- 1 Collaborate with the client to assess characteristics and needs relevant to learning:
 - a Determinants of health
 - b Motivation and readiness to learn
 - c Preferences and interests
 - d Developmental stage of the learner
 - e Health literacy
 - f Abilities (e.g. physical, cognitive)
 - g Health (e.g. concurrent diseases and disorders)
 - h Culture
 - i Previous health education and experiences

3.2 Design a Plan for Learning Interventions

- 1 Collaborate with the client to determine health goals that are specific, measurable, achievable, relevant, and time-bound (SMART).
- 2 Collaborate with the client to develop SMART learning objectives to support the client's health goals.
- 3 Plan interventions that address client learning characteristics and needs.
- 4 Select an instructional method (e.g. questioning, role play, gaming) based on assessment results.
- 5 Select resources (e.g. websites, brochures, videos) tailored to client needs.
- 6 Identify required client accommodations (e.g. ability, culture).
- 7 Identify factors that are a barrier or support to potential interventions.

3.3 Implement an Education Plan

- 1 Demonstrate effective instructional methods for individuals and groups.
- 2 Address barriers and supports for intervention implementation.

3.4 Evaluate Client Learning Objectives

- 1 Evaluate the client's progress in achieving learning objectives.
- 2 Provide revised interventions based on evaluation results.

4 Resource Management

4.1 Evaluate Health Education Resources

- 1 Evaluate health education resources for validity and applicability to practice.
- 2 Integrate evidence-based resource material and tools into practice.
- 3 Incorporate findings from current research and clinical guidelines into practice.
- 4 Guide clients in evaluating resource materials, research, and health information.

4.2 Integrate Technology into Practice

- 1 Use technologies to benefit client education.
- 2 Use technologies for professional development and communications.

5 Professional Practice

5.1 Act Ethically and Professionally

- 1 Maintain professional competency.
- 2 Engage in reflective practice.
- 3 Maintain professional conduct (e.g. client relationships, dress, transference).
- 4 Apply ethical principles when conducting client education including:
 - a Beneficence
 - b Non-maleficence
 - c Respect for autonomy
 - d Justice
 - e Confidentiality
 - f Respect for individual differences (e.g. gender, language, ability, sexuality, beliefs)
- 5 Accept personal responsibility for actions.
- 6 Advocate for health education, resources, and services for clients.
- 7 Respect legislation regarding the use of copyrighted materials.
- 8 Document client interactions in a succinct, relevant, factual, and objective manner.
- 9 Comply with privacy legislation.

5.2 Collaborate with Others

- 1 Work as an effective team member.
- 2 Practise inter-professional and inter-sectoral collaboration.
- 3 Collaborate with the client's family and social supports.

6 Program Evaluation

6.1 Participate in Program Evaluation

- 1 Describe the types of program evaluation:
 - a Process
 - b Content
 - c Outcome
 - d Impact
- 2 Contribute to program evaluations.
- 3 Recommend improvements to programs.



Tobacco Education Competencies

1 The Tobacco Epidemic



1.1 Examine the Tobacco Epidemic

- 1 Identify the prevalence of tobacco use among the general population and high-risk and high-use populations.
- 2 Examine the relationship between social determinants of health and tobacco use.
- 3 Discuss global trends and impacts of tobacco use.

1.2 Explain the Biological and Environmental Harm Associated with Tobacco Use

- 1 Describe the effects of tobacco use on morbidity and mortality.
- 2 Describe the health impacts of the toxic components and carcinogens in tobacco products.
- 3 Identify the harm associated with second-hand and third-hand/latent types of tobacco smoke exposure.
- 4 Describe the impact of tobacco use on the environment.
- 5 Discuss the harm associated with contraband tobacco products.

1.3 Describe Tobacco Products

- 1 Describe combustible and non-combustible nicotine delivery devices and methods of use:
 - a Cigarettes, cigarillos, cigars
 - b Blunts
 - c Pipes, hookah/shisha/waterpipes
 - d Snus, chewing tobacco, dipping tobacco, dissolvable tobacco
 - e Snuff
 - f Electronic nicotine delivery devices
- 2 Describe tobacco-like products and other combustible inhalants and methods of use:
 - a Marijuana
 - b Herbal cigarettes
 - c Electronic nicotine delivery devices and hookah used with substances other than nicotine

1.4 Describe Tobacco Industry Tactics

- 1 Describe tobacco industry advertising, lobbying, and public relations techniques and tactics.
- 2 Identify tobacco industry tactics that target specific, high-risk and high-use populations.
- 3 Discuss tobacco industry manufacturing tactics that influence tobacco use.

2 Tobacco Use Disorder and Other Substance Use



2.1 Examine Tobacco Use Disorder

- 1 Describe the factors that influence the initiation and sustainment of tobacco use disorder:
 - a Biological
 - b Psychosocial
 - c Behavioural
 - d Environmental
- 2 Explain nicotine addiction.
- 3 Explain nicotine withdrawal.
- 4 Identify the DSM-5 tobacco use disorder diagnostic criteria.
- 5 Identify the DSM-5 tobacco withdrawal diagnostic criteria.

2.2 Examine Relationships between Tobacco Use and Other Substance Use

- 1 Discuss the impact of other substance use (i.e. alcohol, marijuana) on tobacco cessation interventions.
- 2 Address misperceptions of marijuana as a safe alternative to tobacco.
- 3 Explain the neurobiological interactions between caffeine and tobacco.

3 Tobacco Control



3.1 Implement Health Promotion Strategies

- 1 Explain the importance of tobacco control (prevention, protection, cessation and denormalization) in health promotion.
- 2 Identify the role of an educator in tobacco control.
- 3 Support primary prevention activities in organizations and the community (e.g. organize a school prevention program).

3.2 Describe Tobacco Cessation

- 1 Identify the prevalence and success rate of individuals attempting tobacco cessation.
- 2 Identify the benefits of tobacco cessation for the individual and society.

3.3 Examine Approaches to Tobacco Cessation

- 1 Compare the benefits and limitations of tobacco cessation interventions:
 - a Self-directed
 - b Brief/minimal
 - c Intensive
- 2 Describe the 5As intervention approach to tobacco cessation.
- 3 Examine harm reduction approaches to tobacco cessation.

4 Assessment



4.1 Provide Initial and Ongoing Assessments

- 1 Identify roles of healthcare professionals in early screening and documentation of tobacco use.
- 2 Document client health history (e.g. medications, concurrent diseases, mental health disorders and substance use, social determinants of health).
- 3 Document client tobacco use history:
 - a Tobacco use (e.g. pack years, smoking patterns)
 - b Quit experience (e.g. dates and duration of previous quit attempts, reasons for relapse, interventions used)
 - c Readiness to quit
 - d Level of nicotine dependence and severity of withdrawal symptoms
 - e Environmental exposures for tobacco use
 - f Triggers, cravings, and coping strategies
 - g Barriers to tobacco cessation
 - h Client supports (e.g. social and financial)
 - i Client preferences for treatment
- 4 Assist the client in identifying the factors that influence internal and external motivation for cessation.

4.2 Select Assessment Tools

- 1 Choose appropriate descriptive assessments for clients based on the uses, advantages and disadvantages of assessment tools and tests:
 - a Fagerstrom Test for Nicotine Dependence
 - b Hooked on Nicotine Checklist (HONC)
 - c Autonomy over Smoking Checklist (AUTOS)
 - d Minnesota Withdrawal Scale (self-report and observer versions)
 - e Readiness ruler (Confidence and Conviction)
- 2 Interpret the results of descriptive assessments.
- 3 Interpret the results of objective tests:
 - a Carbon monoxide levels
 - b Cotinine levels
 - c Spirometry results

5 Interventions



5.1 Create a Quit Plan in Collaboration with the Client

- 1 Integrate results of assessments into a quit plan.
- 2 Guide the client in establishing SMART (i.e. specific, measurable, achievable, relevant, and time-bound) goals for the quit plan.
- 3 Collaborate with the client to select tobacco cessation therapies and treatments.
- 4 Identify strategies to develop resiliency (e.g. nutrition, exercise, social support, stress management).

5.2 Counsel Clients

- 1 Implement evidence-based education and counselling approaches for tobacco cessation:
 - a Motivational interviewing
 - b Cognitive behavioural therapy
- 2 Describe therapeutic relationships with clients.
- 3 Compare the benefits and limitations of counselling methods:
 - a Telephone-based counselling
 - b One-on-one counselling
 - c Group counselling
 - d Internet-based counselling

5.3 Support the Client through Relapse

- 1 Evaluate cessation progress with the client.
- 2 Explore learning from previous cessation attempts with the client.
- 3 Conduct regular follow-up sessions with the client to re-evaluate client progress towards quit plan objectives.
- 4 Counsel the client through the impacts of relapse.
- 5 Adjust intervention and relapse plans.

6 Pharmacological, Complementary and Alternative Treatments



6.1 Discuss Pharmacological Interventions

- 1 Discuss pharmacotherapy options with the client:
 - a Cost
 - b Efficacy
 - c Indications
 - d Contraindications
 - e Precautions
 - f Adverse events
 - g Dosage
 - h Administration
 - i Combinations
 - j Interactions

6.2 Evaluate Complementary and Alternative Approaches and Treatments for Tobacco Cessation

- 1 Examine the evidence on complementary and alternative approaches and treatments for tobacco cessation.

7 Client-Centred Approach



7.1 Adapt Approach to Client Characteristics

- 1 Adapt treatment and therapies for vulnerable, high-risk, and diverse populations:
 - a Indigenous peoples
 - b Clients from diverse language, religious, cultural, racial and ethnic populations
 - c Clients living in environments with high tobacco prevalence
 - d Clients with mental health and addiction disorders
 - e Clients with limited education
 - f Clients working in occupations with high tobacco use
 - g Clients with diverse sexual orientations and gender identities
 - h Older adults
 - i Clients who are at the end of their lives
 - j Women who are pregnant or breastfeeding
 - k Youth (i.e. children, adolescents and young adults)
 - j Clients with non-daily or light tobacco use
- 2 Identify client-centred resources and programs.

7.2 Describe the Interaction between Tobacco Use and Chronic Disease

- 1 Identify symptoms of chronic diseases caused or exacerbated by tobacco use (e.g. cardiovascular disease, diabetes, cancer, chronic obstructive pulmonary disease).
- 2 Adapt treatment and therapies for clients with chronic diseases.

8 Tobacco Programs and Systems



8.1 Implement Tobacco Protection, Prevention and Cessation Programming

- 1 Evaluate tobacco programming for applicability to practice.
- 2 Develop plans to adapt and implement tobacco programming for practice.
- 3 Secure resources and support for tobacco programming.
- 4 Integrate tobacco programming into practice.
- 5 Evaluate tobacco programming against program objectives.

8.2 Advocate for an Organizational Tobacco Cessation System

- 1 Explain the components of an integrated tobacco cessation system.
- 2 Identify the role of the educator in the tobacco cessation system.
- 3 Advocate for the systemization of tobacco cessation activities in an organization or community (e.g. Ottawa Model for Smoking Cessation).
- 4 Recommend policies and procedures to formalize the team approach to tobacco cessation.
- 5 Recommend processes for recording client tobacco use status.
- 6 Contribute to the development of a referral network.

Clinical Guidelines

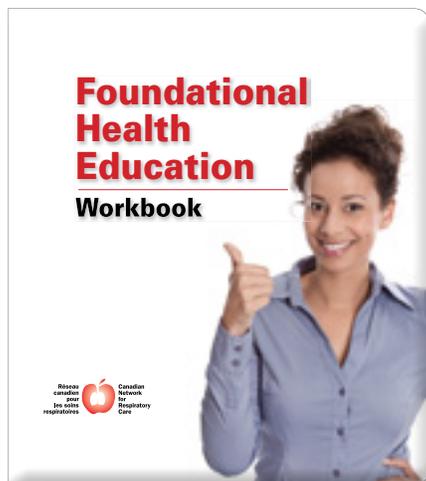


In addition to these competencies, educators should be familiar with the following clinical practice guidelines in order to prepare for the examination: CAMH. (2011). *CAN-ADAPTT Canadian Smoking Cessation Clinical Practice Guideline*. CAMH: Toronto, ON.

Fiore, M.C. et al. (2008). *Clinical Practice Guideline. Treating Tobacco Use and Dependence: 2008 Update*. Agency for Healthcare Research and Quality: Rockville, MD.



Foundational Health Education Courses



Alberta Health Services
Foundational Health Educator Workshop
780 361-1381
Email: tru@ahs.ca

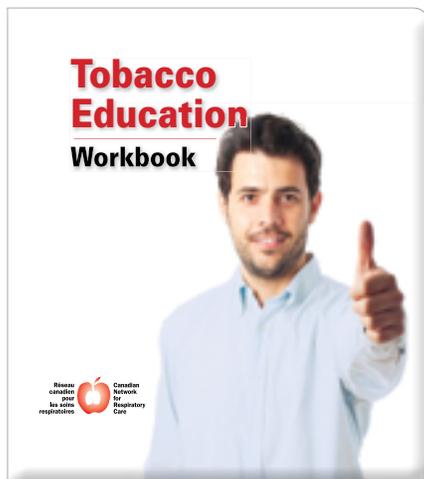
RespTrec
Education for Chronic Disease Management
c/o Lung Saskatchewan
306 343-9511
Email: info@resptrec.org
www.resptrec.org

Southern Alberta Institute of Technology/Maple Respiratory Group Inc.
Professional Respiratory Educator Program – Foundational Health Education
1 877 674-4778
Email: info@maplerespiratory.com
www.maplerespiratory.tovuti.io

The TEACH Project
Centre for Addiction and Mental Health (CAMH)
Foundational Health Educator Workshop
416 535-8501 ext. 31600
Email: teach@camh.ca
www.nicotinedependenceclinic.com

See www.cnrhome.net for the most up-to-date list of approved courses.

Tobacco Education Courses



Alberta Health Services

Alberta Quits Learning Series

(Online programming required: Tobacco Basics, Tobacco Cessation Pharmacology, Intensive Tobacco Interventions) plus

(In-person program required: Tobacco Intervention Workshop)

780.361-1381

Email: tru@ahs.ca

The TEACH Project

Centre for Addiction and Mental Health (CAMH)

Core Course:

An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder

(Online program)

416.535-8501 ext. 31600

Email: teach@camh.ca

www.nicotinedependenceclinic.com

See www.cnrhome.net to order your copies of the Foundational Health or Tobacco Education Workbooks.

The Canadian Network for Respiratory Care's
Certified Tobacco Educator (CTE) program
has been funded through the generous support of the
Public Health Agency of Canada
and our private sector partners:



CNRC would also like to thank the following organizations for
their invaluable contributions towards the development of the program.



Réseau
canadien
pour
les soins
respiratoires



Canadian
Network
for
Respiratory
Care