

Case: Steve Tehl

Patient Information

- **Age:** 42 years
- **Gender:** Male
- **Indigenous Status:** Not Aboriginal and/or Torres Strait Islander
- **Year:** 2024
- **ICPC-2 Codes:** R – Respiratory

Competency Outcomes:

1. Communication and Consultation Skills:

- Engage in effective communication to assess smoking habits, stage of change, and patient motivation for quitting.
- Provide tailored advice on smoking cessation strategies.

2. Clinical Information Gathering and Interpretation:

- Take a focused smoking history and assess patient readiness to quit.
- Recognize barriers and motivations for change and evaluate which interventions might be most effective.

3. Diagnosis, Decision-Making, and Reasoning:

- Assess the patient's stage of change using the **5 A's approach** and identify suitable smoking cessation options.
- Address the potential need for pharmacotherapy and discuss risks and benefits.

4. Clinical Management and Therapeutic Reasoning:

- Develop a smoking cessation plan, including pharmacotherapy and support, tailored to the patient's preferences and situation.

5. Preventive and Population Health:

- Provide information on ongoing support programs and follow-up to ensure sustained cessation.
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Instructions to the Candidate

- **Review** the patient information and smoking history provided in the summary below.
 - **Conduct** a focused assessment of the patient's presentation.
 - **Formulate** an appropriate management plan based on the information gathered.
 - **You have 15 minutes** for this encounter.
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Patient Record Summary

- **Name:** Steve Tehl
 - **Age:** 42 years
 - **Gender:** Male
 - **Indigenous Status:** Not Aboriginal or Torres Strait Islander
 - **Allergies and Adverse Reactions:** Nil known
 - **Medications:** Nil regular medications
 - **Past History:**
 - Mild asthma, managed without regular medications.
 - Social anxiety, currently managed without medication.
 - **Social History:**
 - Works as a construction site manager.
 - Has smoked for 20 years, currently smokes 15 cigarettes per day.
 - Drinks socially, about 2-3 beers on weekends.
 - Lives with his wife and two children (ages 10 and 12).
 - **Family History:**
 - Father: Died of lung cancer at age 68.
 - Mother: Hypertension.
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Scenario

Steve Tehl, a 42-year-old male, presents for his routine check-up. During the visit, you **ask** about his smoking habits. He admits to smoking 15 cigarettes per day and has been

smoking for 20 years. He explains that he initially started smoking due to stress at work and continues smoking to help with his social anxiety.

Steve mentions that he has thought about quitting multiple times but has never made a serious attempt. He is open to hearing about his options but remains unsure if he is ready to quit right now.

Examiner Information Only

Prompts and Suggested Answers

1. Smoking History and Motivation (Ask):

- **Prompt:** How would you assess Steve’s smoking habits and motivation to quit?
 - **Answer:** Ask Steve about the number of cigarettes he smokes per day, the timing of his first cigarette (within 30 minutes of waking), his smoking triggers (stress, social anxiety), and any previous quit attempts. Assess his **stage of change**—Steve is in the **contemplation stage** as he is aware of the problem and has considered quitting but has not made any specific plans to stop.

2. Tailored Advice (Advise):

- **Prompt:** How would you tailor your advice to encourage Steve to quit smoking?
 - **Answer:** Acknowledge that quitting smoking is challenging but essential for his long-term health, especially given his father’s history of lung cancer. Reassure him that there are effective methods to manage stress and prevent weight gain during the quitting process. Recommend smoking cessation options, including pharmacotherapy (such as nicotine replacement therapy or Varenicline) and behavioural support.

3. Supportive Options (Assist):

- **Prompt:** What options can you offer Steve to assist him in quitting smoking?
 - **Answer:**
 - **Pharmacotherapy:** Recommend **Nicotine Replacement Therapy (NRT)** in the form of a **21 mg nicotine patch** (since Steve smokes within 30 minutes of waking and 15

cigarettes per day) with **additional gum or lozenges** to manage cravings. Alternatively, offer **Varenicline (Champix)**, which has a higher success rate but may have side effects like nausea, insomnia, and vivid dreams. Be cautious with his social anxiety, as mental health side effects can occur.

- **Counselling and Psychotherapy:** Offer referral to a **psychologist** for cognitive behavioural therapy (CBT) to help manage his anxiety and build resilience in quitting. Provide mindfulness techniques and relaxation exercises as tools for stress management.
- **Support Programs:** Suggest **Quitline (13 78 48)**, the **MyQuitBuddy app**, and occupational support programs for additional help.

4. Follow-Up (Arrange):

- **Prompt:** What follow-up plan would you put in place for Steve?
 - **Answer:** Arrange a **follow-up in 1 week** to assess his progress and any difficulties he faces with quitting. Monitor his response to pharmacotherapy and adjust the treatment as needed. Encourage ongoing engagement with counselling and support programs to ensure long-term success.

Examiner Checklist

- **Clinical Knowledge and Skills:**
 - Correctly applied the **5 A's approach** to assess, advise, and assist with smoking cessation.
 - Identified appropriate pharmacotherapy and supportive measures based on the patient's smoking habits and personal concerns.
- **Patient Communication:**
 - Engaged the patient in a clear and empathetic discussion about smoking cessation.
 - Provided realistic options and reassured the patient regarding potential challenges like weight gain and stress management.
 - Offered practical solutions and follow-up plans for quitting smoking.

- **Evidence-Based Practice:**

- Utilized clinical guidelines for smoking cessation, including the use of nicotine replacement therapy and Varenicline.
- Explained the importance of ongoing support and follow-up for sustained success in quitting smoking.

This clinical encounter provides registrars with an opportunity to assess a patient's readiness to quit smoking and apply structured advice using the **5 A's approach**. The case focuses on tailoring the smoking cessation plan to the patient's concerns, motivation, and personal circumstances.