BREAKING THE SILENCE

Improving Conversations with Young People About Vaping

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The vaping industry is **luring *"never smokers"*** into nicotine addiction, affecting young people's behaviour, learning potential and their lungs. If we don't document, we don't act, then we don't support.

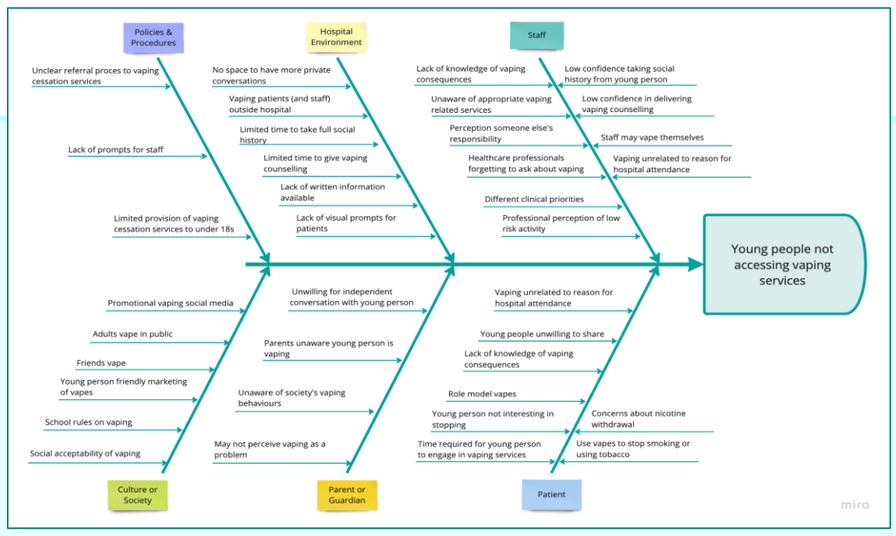
BACKGROUND

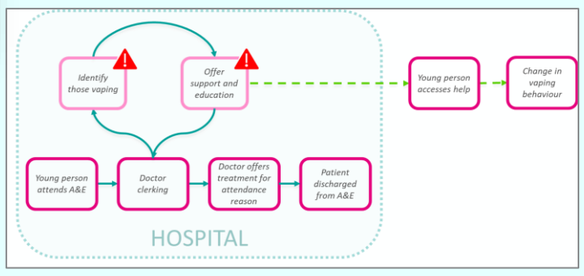
While cigarette smoking is trending down, **more young people than ever vape**, with a quarter of adult users starting without previous experience of smoking. Currently, 1 in 13 secondary **school aged children** vape. In our Children's A&E we currently only ask young people about vaping or smoking.

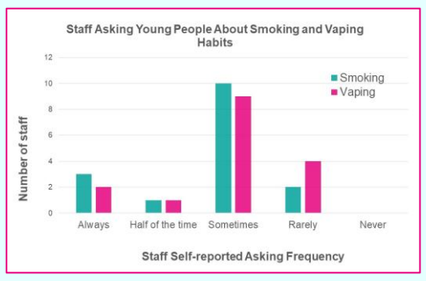
1 in 30

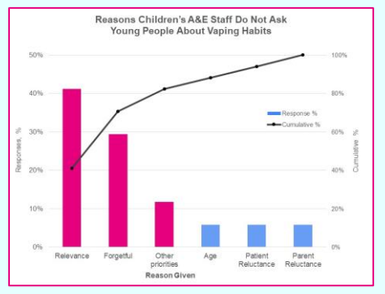
DIAGNOSTICS

A staff questionnaire highlighted three reasons described for not asking about vaping habits, matching with those, amongst many others, on the fishbone diagram.









Relevance | **Forgetfulness** | **Other Priorities**

AIM & MEASUREMENT

By March 2025, increase the identification of vaping habits and provide guidance in secondary school aged children that attend Children's A&E from:

<1 in 10 → **5 in 10**

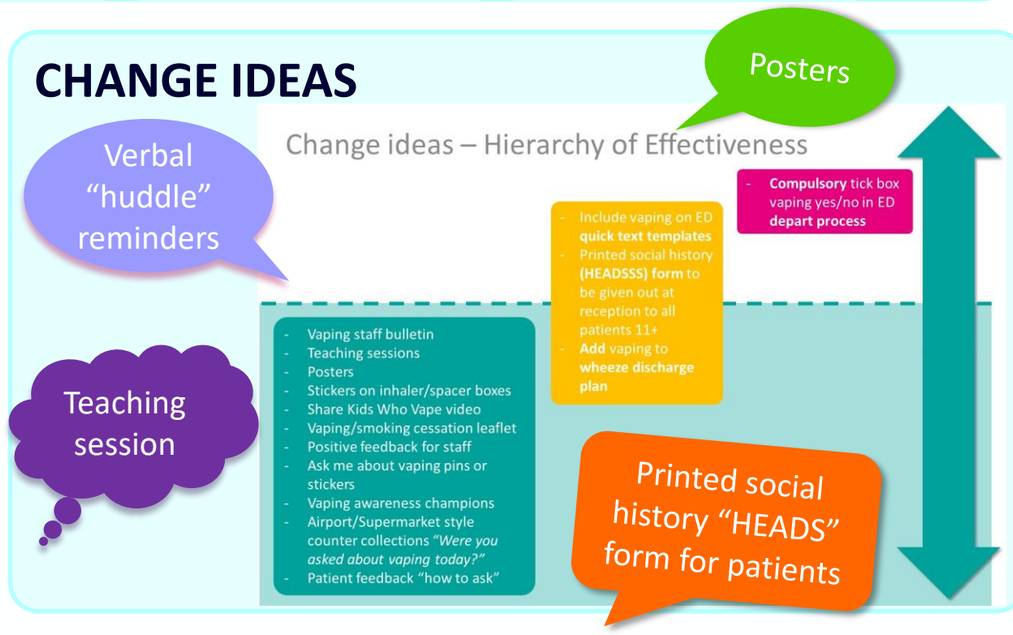
December 2024 — March 2025

Measurement was with a random sample of 3 patient attendances from each day, scored from 0-2 as described on the run chart.

Excluded
- Not documented on iCare
- Streamed to UCC

Included
- Ages 11-16y inclusive
- Seen by a paediatric team member

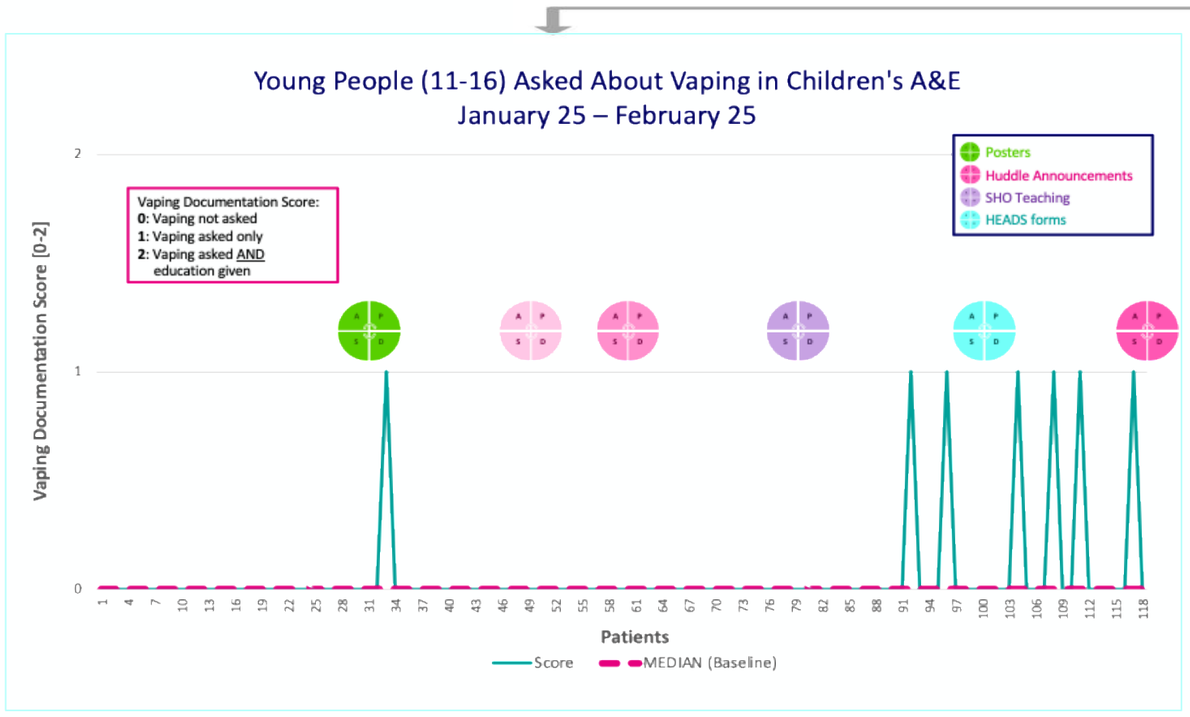
CHANGE IDEAS



PDSA Cycles

Test	PLAN	DO	STUDY	ACT
1.1	Design vaping reminder posters	Get feedback from four colleagues about poster preference and which current posters they notice.	Simpler, bolder designs with fewer colours more eye-catching.	Place two most popular options in the Children's ED department.
1.2	Put up posters in Children's ED department	Put up posters around department, smaller posters on desktops, larger posters in commonly frequented areas.	Majority of 7 colleagues asked had seen posters. Smaller poster prompts noted most commonly.	Extend period of observation and increase number of smaller poster prompts.
2.1	Include vaping in daily "huddle" announcement	Consultant involved in project to lead during their on-call days	Resident doctors felt this was a useful reminder, but if not all consultants doing it, then of limited benefit.	Extend the initiative to other consultants
2.2	Include vaping in daily "huddle" announcement	Consultant WhatsApp messaged other consultants reminding them to include that week	Resident doctors reported that huddle reminders very consultant dependent.	Increase awareness and buy-in from consultants
2.3	Present project thus far at audit/QIP meeting	Video recorded 20-minute presentation, supervising consultant present for meeting	Reported talk was well received and provoked some interesting discussion from consultant body.	Extend observation to see if consultants including in "huddle" announcements

Test	PLAN	DO	STUDY	ACT
3.1	Teaching on vaping for SHOs and role in health promotion	6 SHOs attended teaching (3 of whom don't work in ED). Feedback included more on "counsel someone", "really informative", "it is worth it (and important) to ask young people".	Due to shift patterns, it was difficult to reach more SHOs teaching session was also limited to SHOs and not other colleagues who clerk patients.	Repeat teaching session but where larger audience can be reached.
4.1	Design "HEADS" social history form for young people and their parents	6 young people and their parent/guardian were asked for feedback on a potential form for the young person to fill.	Parents/guardians felt included questions appropriate for a young person. Young people felt comfortable to discuss topics. Both felt design was inclusive and professional.	Share forms with young people in Children's ED.
4.2	Distribute "HEADS" social history forms to young people	50 copies given to Children's ED receptionist with pens and explained to be given to all young people in secondary school.	No copies remained 4 days later, during which 33 young people attended. Unclear if copies may have been lost or thrown out.	Trial again but with closer supervision.



CONCLUSIONS & LEARNING

I didn't meet my aim of 5 in 10 secondary school aged children attending Children's A&E being asked about vaping. Whilst not statistically significant, there was some increased frequency of asking following the introduction of the HEADS forms, and I think it would be interesting to extend this PDSA particularly with a new rotation of resident doctors.

Verbal reminders by senior members of staff, as in the huddle announcements (PDSA 2), do not appear to be an effective way of changing behaviour nor do poster reminders (PDSA 1). This was not entirely surprising given their place on the hierarchy of effectiveness. Also, given the number of people who attended the teaching it was not surprising that this did not affect change as even if it had influenced all three of their practices this would not be sufficient to result in a systematic change.

REFLECTIONS

I found the model particularly useful, especially the planning stages, which made it much easier to approach and analyse the problem from different angles and allowed me to develop a number of different change ideas.

I did anticipate some difficulty in modifying peoples' behaviour, particularly in response to history taking,. This is a skill practiced over years at medical school and then, at least another year or more before being part of a paediatric department. Thus, it is a very habitual process that people do without prompts. I wonder if in departments where there is a clerking proforma, this might be slightly easier to influence. However, in those where a proforma is not already in use, unless such a proforma is desired by the team, I would expect that it wouldn't have a significant uptake.

This experience also highlighted the challenge of reaching a broader group of colleagues who work different shifts, compared to those you interact with regularly. Speaking to individuals, they discussed specific cases or teaching, which had led to an emotional response (shock, surprise) that have resulted in a change of practice. However, expanding this to a larger group without the same formative and/or emotional experiences is difficult.