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TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS

JA2015 - GPSD [705038]

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Project abstract

TOB-G project aims to develop and implement an innovative and cost effective approach to prevent chronic diseases related to tobacco dependence. The specialized guidelines for high risks groups will be developed according to ENSP’s evidence based and good practices in tobacco cessation and with ERS TCC scientific material on smoking health hazards. High risk populations are considered those who suffer from cardiovascular diseases, COPD, type 2 diabetes, adolescents & pregnant women.The developed guidelines will contain strategies and recommendations designed to assist health professionals in delivering and supporting effective treatment of dependence on tobacco. Recommendations will be made as a result of scientific reviews and evidence of good practices from scientific groups that will consist of health professionals of different expertise. To monitor the quality of the approach a pilot implementation of the tobacco cessation will be conducting for each group. The assessment of the effectiveness of the tobacco cessation guidelines will be the primary aim of the scientific groups and will be measured by the number of people quitting smoking after the pilot implementation. Since the tobacco cessation guidelines will be addressed to health professionals, the partnership will develop and implement an e-learning training for guidelines use.The project fits perfectly the objectives and priorities of the 3rd Health Programme, as it will assist health professionals to provide guidance and targeted prevention to high risk populations engaged to the unfavourable lifestyle of smoking. Training primary care physicians addresses the lack of specialist doctors in EU and increases access to tobacco cessation specialists. TOB-G project will enhance the overall European capacity in the treatment of tobacco dependence, thus, in the prevention of chronic diseases, through offering smoking cessation tools, appropriately assessed and fitted to the specific needs of high risk groups.

Summary of context, overal objectives,strategic, relevance and contribution of the action

TOB-G project aimed to develop and implement an innovative and cost effective approach to prevent chronic diseases related to tobacco dependence. In order to achieve this aim, specialized smoking cessation guidelines for high risks groups have been developed according to ENSP’s evidence based and good practices in tobacco cessation.
The TOB-G project reaches a variety of target groups: the primary target includes health care professionals and the direct target group concerns high risk populations in Europe who are current tobacco users.
Health care professionals were the primary target since their training can increase access to medical expertise and information regarding to tobacco related health risks and it can overall improve the quality of their services and the healthcare system at a European level. During project implementation, the

primary target group, i.e. health professionals from different expertise benefited from the project by obtaining skills that they could use to help stop the tobacco epidemic. More specifically, the primary target group was actively involved in the project through the following activities: piloting the training course sharing knowledge, experience and ideas from different countries of Europe and implementing tobacco cessation guidelines.
Moreover, the TOB-G smoking cessation guidelines were specially constructed based on the following high risk groups, which were the direct target group of the project:
1. Chronic Disease Patients:
- Cardiovascular diseases patients. Cardiovascular diseases (CVDs) are a group of disorders of the heart and blood vessels and most CVDs can be prevented by addressing risk factors, such as tobacco use.
- Chronic obstructive pulmonary disease (COPD) patients. Chronic obstructive pulmonary disease (COPD) is a life-threatening lung disease that interferes with normal breathing – it is more than a "smoker's cough"- and its primary cause is tobacco smoke. COPD is not curable, but treatment can slow the progress of the disease.
- Adults suffering from Type 2 Diabetes. Type 2 diabetes (formerly called non-insulin-dependent or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises 90% of people with diabetes around the world. It is a key fact that healthy diet, regular physical activity and avoiding tobacco use can prevent or delay the onset of type-2 diabetes.
2. Other Special Groups at high risk for chronic disease development:
- Adolescents. Adolescents who smoke are likely to hinder the growth rate of their lungs are more likely to develop respiratory diseases and are more likely to engage in other risky behaviours.
- Pregnant women. Smoking during pregnancy can severely affect the developing baby, increasing the risks of many conditions including: lower birth weight, fetal growth restriction, miscarriage, preterm delivery, the baby being born with weaker lungs or be vulnerable to respiratory infections.

The project fitted perfectly the objectives and priorities of the 3rd Health Programme, as it assisted health professionals to provide guidance and targeted prevention to high risk populations engaged to the unfavourable lifestyle of smoking. Training primary care physicians can address the lack of specialist doctors in EU and increase access to tobacco cessation specialists. In this context, the TOB-G project enhanced the overall European capacity in the treatment of tobacco dependence, thus, in the prevention of chronic diseases, through offering smoking cessation tools, appropriately assessed and fitted to the specific needs of high risk groups.

The developed guidelines contain strategies and recommendations designed to assist health professionals in delivering and supporting effective treatment of dependence on tobacco. Recommendations are a key part of these guidelines, as a result of scientific reviews and evidence of good practices from scientific groups that consisted of health professionals o

Methods and means

The tobacco cessation guidelines are addressed to health professionals which are the primary target group of the project. These guidelines are now available in both English and French. Each tobacco cessation guideline is addressed to a different high risk group which faces different health risks and needs special treatment. For the development of the specialized tobacco cessation guidelines, the following activities took place: (a) Establishment of five scientific groups consisting of health professionals with different expertise, (b) Every scientific group performed a situation analysis and assessment of each high risk group, (c) Development of the tobacco cessation guidelines for every high risk group and (d) Approval of the guidelines from the project's steering group committee before the beginning of pilot implementation.
The pilot implementation of the TOB.g guidelines was an important stage of the project, as it provided significant information in order to address the effectiveness and usefulness of the guidelines/intervention and acquire important feedback for further improvement. In detail, a pre-post pilot study was conducted. Two sets of data collection occurred: provider and patient.
For providers, a 1-day training session was conducted. The training session was designed to communicate key recommendations from the TOBG guidelines for patients, pregnant women and adolescents. The intervention focused on understanding and treating the epidemic of tobacco in Europe, including factors that push in tobacco use, health risks, consequences of tobacco use, approaches to tobacco control and the role of health professionals on tobacco control, the pathophysiology of addiction to nicotine. Also, instructions were given to participants regarding the evidence-based treatment of tobacco dependence and the development of CVD, diabetes and COPD. Case studies and role playing were used as part of the training.
Concerning the methods used for data collection during the pilot study on providers, all health care professionals provided written informed consent. All consenting providers completed the TOB.g provider survey immediately before (time 1) the TOB.g training session which assessed provider demographic characteristics, tobacco treatment knowledge, tobacco treatment self□efficacy, and current rates of tobacco treatment delivery.. At the end of the training day (time 2), providers completed a post□training survey. Providers also completed the follow□up survey six months (time3) following the completion of the training program.
Secondly, the intervention for patients included a follow-up phone call to patients 1□ and 6□months after their clinic appointment to assess quit attempts, and smoking status. Patients who reported they had quit smoking, they were asked to provide a bio□chemical cotinine sample.

Work performed during the reportingperiod

During its first half of implementation the TOB.g project focused on the situation analysis and the development of the specialised set of tobacco cessation guidelines for five groups. Thus, scientific working groups of health professionals were established and an extensive literature review was performed.
In the second half, the TOB.g project mainly focused on the pilot implementation and the assessment of the TOB.g guidelines. The activities that took place regarding the pilot implementation were:
(a) Development of the specifications for the pilot's organization as well as the methodology for the assessment of the draft guidelines
(b) Training seminars in Greece and Romania to health professionals who later on conducted the pilot sessions to their patients,
(c) Formulation of groups for each target group to conduct the pilot implementation of the guidelines.
(d) Direct intervention/consultation of the trained health professionals with the patients, follow up and assessment that was used as feedback for the preparation of the final version of the guidelines.
(e) Reporting of pilot sessions. The corresponding pilot assessment report provided detailed information on the pilot implementation methodology and the results on the assessment and effectiveness of the guidelines.
Moreover, within TOB.g it was essential to facilitate the training of health professionals on how to use the guidelines and provide each health care professional with specific information about each high risk group that they encounter during their routine clinical practice. Thus, additional training sessions took place and the TOB.g eLearning course was developed and attended by more than 100 healthcare professionals.
Finally, a variety of dissemination channels and instruments, such as online dissemination (web sites, e-newsletters, social media), internal and external events, conferences and workshops scientific peer reviewed manuscripts etc., were used which the dissemination and communication of the project's outcomes were realized.

The main output achieved so far and their potential impact and use by target group (including benefits)

SMOKING CESSATION GUIDELINES
The main project outcome is a set of smoking cessation guidelines that have been developed based on the specific needs of high risk groups which were the target groups of the project. The guidelines developed contain strategies and recommendations designed to assist health professionals in delivering and supporting effective treatment of tobacco dependence. Recommendations are

made as a result of scientific reviews and evidence of good practices from scientific groups that consisted of health professionals of different expertise in Europe.
The expected future impact of the TOB-G guidelines is:
• More effective and appropriate treatment of tobacco dependence
• Quicker diagnosis of tobacco related diseases
• Long term prevention of tobacco related diseases (healthier babies and adults, less medical complications, fewer deaths)
• Better trained physicians and practitioners
• Promote healthy lifestyles &
• Promote healthy role-models.
The final product was a guideline book that was published by KEELPNO: ISBN: 978-960-98654-6-3. The book is also available in English and French at the TOB.g project web site.

TRAINING SEMINARS TO HEALTH PROFESSIONALS
The pilot implementation of the TOB-G guidelines was an important stage of the project as it provided significant information in order to address the effectiveness and usefulness of the guidelines and acquire important feedback for further improvement. The pilot implementation took in Greece and Romania and it consisted of two phases: (a) direct intervention with the patients (meetings with the health professionals, consultations etc.) and (b) six months follow up of the patients via communication in important milestones.
In order the health professionals to successfully conduct the smoking cessation interventions to their patients using the TOB-G recommendations, they first participated in training sessions. Most of the participants from all training seminars, found very helpful several sessions of the workshop. More specifically, motivational interviewing, counselling skills and some practical cases (i.e. interview with the patients) had a great impact and influence on the audience. In general, the intention of the participants to provide smoking cessation counselling in practice was increased after the intervention. Specifically, after the intervention they recorded high scores and they seem to have a great intention to provide smoking cessation counselling over the next 6 months.

E-LEARNING COURSE
The project also aimed to provide further training to health professionals in cost effective ways, since the developed guidelines acted as a tool to conduct early diagnosis and offer appropriate treatment of chronic diseases related to tobacco dependence. In this context, an e-learning course was developed and relevant sessions were organised aiming to train health professionals and give them knowledge and skills for the implementation of the smoking cessation guidelines in high risk groups.
The e-learning course addressed issues, such as epidemiological data on smoking habits, needs of high risk groups and differences between them, practical information about the use of the guidelines and key suggestions for individualised interventions. The structure of the e-course was based on the guidelines. 76 women and 30 men have participated in the TOB.g e-course,

representing 15 EU member states and 9 non-EU countries and the majority of the participants liked the platform’s design and felt confident using it.

Achieved outcomes compared to the expected outcomes

The smoking cessation guidelines are based on the specific needs of the five high risk groups that are the project targets i.e. Cardiovascular diseases patients, Chronic obstructive pulmonary disease (COPD) patients, Adults suffering from Type 2 Diabetes, Adolescents and Pregnant women. Thus, health professionals have increased access to medical expertise and information regarding to tobacco related health risks and will improve their health literacy. Moreover, health professionals from different expertise have benefited from the project’s training activities on the use of the guidelines and implementation in health practice, obtaining skills useful to help stop the tobacco epidemic. Moreover, the e-learning course and the training sessions provided a great experience and training to health professionals to adopt and adapt the content of the training material and the guidelines into their everyday clinical practice and techniques. Overall, TOB-G project has achieved its expected outcomes up to now. In addition, a contract amendment requested from the TOB-g partnership has been accepted by the Agency, including updates on specific deliverables delivery dates and the inclusion of subcontracting that was not initially foreseen.

Dissemination and evaluation activitiescarried out so far and their major results

The project considered the Dissemination activities as a continuous process that runs through the project’s lifecycle. During the first half of the project, the Dissemination WP focused on developing the dissemination plan and the main dissemination channels and instruments through which the dissemination and communication of the project’s outcomes will be realized. In the second half of the project, the Dissemination WP focused on implementing the dissemination plan and adopting the main dissemination channels and instruments through which the dissemination and communication of the project’s outcomes were realized. The overall TOB.g framework for dissemination includes:
• The TOB.g web site was available since the beginning of the project and regularly updated with project news, outcomes and results. Through the website all project public deliverables are available to all kind of stakeholders that have an interest in the tobacco prevention epidemics and tobacco cessation, mainly TOB.g tobacco cessation guidelines in English and French

and the TOB.g e-learning course.
• Electronic newsletters with TOB.g developments were sent to the dissemination list of ENSP that provided useful information about the project, updates and events and direct links to the project’s website.
• Presentation of the TOB.g project in several external and internal conferences, events as well as in informative consultations meetings.
• Presentation of the TOB.g findings in training sessions, publications and newsletters and through several professional networks.
• Communication through social media, national and local press, which also formed key channels for communicating the progress of the TOB.g research work.
• Scientific peer reviewed manuscripts were created and submitted for publication.

Work package

Work Package 1: Coordination of the project

Start month: 1
End month: 30
Work Package Leader: KEELPNO (HCDCP)

This WP runs throughout the duration of the project and seeks to support the relationship between the partnership and the scientific groups; the co-operation; and co-ordination between the partners, in order to ensure smooth progress of the project activities, efficient handling of problems that may appear and risk management. The overall daily co-ordination and project management is carried out by P3 CMT, while scientific coordination rest with the main partner according to the detailed arrangements made for that purpose. The co-ordination body will be responsible for the on time completion of project's tasks, control of the project scheduling and flow of information among the project work teams as well as for solving specific issues that simultaneously affect different work-packages. The main activities envisaged for this work-package include facilitation and co-ordination, maintenance of a library of documents, management of funding, coordination of partners' meetings, coordination of dissemination activities, preparation and submission of interim and final report.
Lead partner and role of applicants
• WP leader (P1 KEELPNO) will develop a project handbook, a mini-guide specifying the project timeline, the tasks between partners, and the methods and frequency of communication between them (partner communication strategy).
• P1 (KEELPNO) will host the kick-off meeting in Greece (Month 2, 10 participants representing all partners) for launching the project, as well as the 5th meeting (Month 30, participants representing all partners) the day after the final project's conference.
• ENSP (P2) will host the 2nd progress meeting in Brussels (Month 9, participants representing all partners) so as to assess project progress, and take decisions for remedial actions required in case the project is not meeting some of its targets. The 2nd meeting will focus on the finalization and acceptance of the draft tobacco cessation guidelines, as well as the directions for pilot sessions' implementation. Moreover ENSP (P2) will organize the 4th progress meeting in Belgium (Month 24, participants representing all partners) to assess project's progress, and take decisions for remedial actions required in case the project is not meeting some of its targets. Moreover, the 4th meeting will focus on 1) the results arising from the assessment and validation of the final-updated smoking cessation guidelines, 2) the specifications of the e-learning platform and the training that will follow and 3) the details regarding the organization of the final conference.
• ANLET (P4) will host the 3rd progress meeting in Romania (Month 15, participants representing all partners) to assess project progress, and take decisions for remedial actions required in case the project is not meeting some of its targets. Moreover, the 3rd meeting will focus on assessing the smoking cessation guidelines.

• All partners will participate in decision making and WP Leader will ensure smooth coordination and communication throughout the duration of the entire project.

Work Package 2: Dissemination of the project

Start month: 1
End month: 30
Work Package Leader: ENSP

The partnership will create lists containing medical associations, potentially interested organizations and experts on the field, in each participating country. During the project they will be informed on a regular basis about the project's progress and results (e.g. creation of the tobacco cessation guidelines, piloting implementation, health professionals trained etc). Moreover, partners plan to participate to annual health related conferences in national and European level (eg cardiological, gynecological etc.), address informative letters to scientific communities and health professionals of different target groups (gynecologists, cardiologists, diabetologists, endocrinologists, pathologist etc.), organize consultation meetings and presentation of the results in a conference conducted by project's coordinator and finally scientific papers with the results arising from pilot sessions. The overall project's dissemination strategy will be determined in the dissemination plan developed at early stages of the project.
Lead partner and role of applicants
• WP leader (P2 ENSP) will be responsible for planning; task monitoring; partner coordination; deliverable finalization; remedial action in case of divergence from planning. Moreover, P2 will design the dissemination methods and strategy in a dissemination plan at the early stages of the project by providing a more detailed and extended analysis of the project's dissemination. Additionally, P2 will draft e-newsletters in cooperation with P3.
• CMT (P3) will develop the project's website and project logo; it will organize a dissemination conference in Greece and will draft e-newsletters in cooperation with P2.
• P1 (KEELPNO), P4 (ANLET), P5 (TFRI), will: 1) decide upon the dissemination strategy and success indicators at the kick-off meeting under WP1, 2) provide content and feedback on the dissemination materials produced by the WP Leader (P2 ENSP) and CMT (P3),
• P1 (KEELPNO), P4 (ANLET), P5 (TFRI), P6 (ENSP) will: 1) present the project's work in at least one external conference, seminar, workshop or meeting, nationally or internationally (minimum 5 external events for all the partnership during the project's duration), 2) draft content on achievements and results from their dissemination efforts and provide this information to the WP Leader.
• All partners, but especially ENSP (P3), will build an extensive stakeholder contact list for dissemination purposes and at least 20 consultation meetings will be organized overall throughout Europe to present the project and its results.
• The WP Leader (P2 ENSP) and CMT (P3) will draft a report on dissemination achievements on behalf of the partnership.

Work Package 3: Evaluation of the project

Start month: 1
End month: 30
Work Package Leader: CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING

The partnership will develop an evaluation and quality assurance plan at the early stages of the project. This plan will specify the procedures and standards for implementation, monitoring and evaluation of the project. Moreover, the partnership will develop a relevant evaluation tool (evaluation questionnaire). The overall evaluation of the project will be performed in two phases: a) in the middle of the project and b) at the end of the project, leading to an interim and final evaluation report, respectively. An external evaluator will be subcontracted, providing an additional and independent evaluation of project's results and outcomes. The external evaluator will participate in project meetings and his reports will be included in the evaluation reports.
Specifically, this WP includes the following tasks:
• Partners will discuss evaluation methods during the kick-off meeting under WP1.
• CMT (P3) will design evaluation methods (questionnaires, interview tools, and other methods to be specified) and will develop an evaluation plan with projected activities, timeline, expected results and framework of performance indicators.
• Partners will evaluate the progress at the interim phase of the project (interim progress meeting, formative evaluation of input processes and outputs until that moment); CMT (P3) will develop an interim evaluation report.
• Partners will evaluate progress at the end of the project (final progress meeting, summative evaluation of outputs and outcomes); CMT (P3) will develop final evaluation report
• Target users (including stakeholders, visitors of the project's web site, participants in the project's conference and trainees), will also evaluate the project at the end of the project, with the use of a relevant online questionnaire. CMT (P3) will collate and analyze the responses to generate a report and include it in the final evaluation report. The relevant questionnaire will be available through the project's web site and will make distinctions according to the status of each stakeholder (e.g. conference participant, trainee etc.).
Lead partner and role of applicants
• WP leader (P3 CMT) will be responsible for planning; task monitoring; partner coordination; deliverable finalization; remedial action in case of divergence from planning the development.
• KEELPNO (P1) will be responsible for subcontracting an external evaluation body.
• All partners will provide to the WP leader the required information for evaluation.

Work Package 4: Development of a specialized set of

tobacco control guidelines for five (5) high-risk groups

Start month: 2
End month: 25
Work Package Leader: KEELPNO (HCDCP)

The development of the guidelines will be based on: a) ENSP guidelines: which provide a valid scientific base and proven good practices and b) ERS Tobacco Control Committee (TCC which provides a useful informative material and scientific reviews of health hazards of smoking through their website SmokeHaz. An overall scientific steering committee (with one member from each group) will be the head of this work package and have the scientific supervision of each groups' progress.
More specifically, this WP includes the following tasks:
1. Organization of working groups for the guidelines development.
The development of the specialized set of tobacco cessation guidelines for five high risk groups will be accordingly appointed to five scientific groups that will consist from health professionals from different expertise (e.g. gynecologists, diabetologists, cardiologists, pathologists etc.). Each scientific group will be responsible for the development of the tobacco cessation guidelines for one high risk group each.
Moreover, a supervisory group of experts will be established to provide guidance and support in terms of the overall harmonization of the guidelines produced from the experts of each high risk group (Scientific Advisory Committee).
2. Situation analysis and assessment of each high risk group needs
The situation analysis and assessment of each target group will be performed through:
• An extensive literature review,
• The organization of experts' workshops (1 per target group)
According to this assessment, specifications for tobacco cessation guidelines for each high risk group will be produced and approved by the supervisory group of experts.
3. Development of the tobacco cessation guidelines (draft version)
Draft versions of the tobacco cessation guidelines will be produced and set for approval to the project's steering group committee before the pilot implementation.
4. Development of the tobacco cessation guidelines (final version)
The tobacco cessation guidelines will be updated accordingly to the results of the pilot implementation and the assessment (WP5) by each working group. The final guidelines will be approved by the Steering Committee before their broad dissemination and development of the e-learning course.
Lead partner and role of applicants
• WP leader (P1. KEELPNO) will be responsible for planning; task monitoring; partner coordination; deliverable finalization; remedial action in case of divergence from planning the development. Moreover, P1 will be responsible for the development of the guidelines for the following high risk group: a) pregnant women and b) adolescents.
• P4 (ANLET) will be responsible for the development of the guidelines for the following high risk group: a) Cardiovascular disease patients, b) COPD and c) diabetics.
• All partners will appoint staff to the Scientific Advisory Committee, they will

review the reports and deliverables produced and they will make comments and suggestions for further improvement. Additionally, P2 (ENSP) will also involve experts from France and Belgium.

Work Package 5: Pilot implementation and assessment of tobacco cessation guidelines

Start month: 10
End month: 27
Work Package Leader: S.C.ANLET MED S.R.L.

Pilot implementation of the tobacco control guidelines is an important stage of this project, since it will provide significant information to the scientific groups responsible for the successful completion of the project. For each target group, at least 50 persons are required to conduct the pilot implementation of the guidelines. The pilot implementation will consist of two important phases: a) direct intervention with the patients (meetings with the doctors, consultation etc.) and b) 6 months of follow up of the patients via communication, questionnaires and urine- nicotine drug tests. 4 extra months are estimated in order to start the pilot and ensure that each group will reach the target of 50 persons per group.
More specifically, this WP includes the following tasks:
1. P1 and P4 will develop the specifications for the pilots organization (characteristics of the patients per group, activities for identifying patients, timetable, resources required, timetable etc.), as well as the methodology for the assessment of the draft guidelines (including questionnaires, indicators and target values for the assessment etc.).
2. Pilot implementation
P1 and P4 will formulate the groups of patients (5 groups with a minimum of 50 people per group), according to the specifications approved by the Steering Committee. Each participant will get an at least 2 month direct intervention, including meetings with health professionals, consultations, medication etc.
3. Assessment of the guidelines
Six (6) months after the treatment a follow up of the patients will take place via communication, questionnaires and urine- nicotine drug tests.
4. Validation of the assessment
Results from the pilot assessment of each group will be presented and discussed in the 4th meeting. Moreover, the project's Steering Committee will accept the results and will propose changes to the draft smoking cessation guidelines.
The Scientific Advisory Committee, established in the previous work package, will continue to provide guidance and support throughout the pilot and assessment of the guidelines.
Lead partner and role of applicants
• WP leader (P4 ANLET) will be responsible for planning; task monitoring; partner coordination; deliverable finalization; remedial action in case of divergence from planning the development. Moreover, P4 will be responsible for the piloting and the assessment of the smoking cessation guidelines for the following high risk group: a)

Cardiovascular disease patients, b) COPD and c) diabetics.
• P1 (KEELPNO) will be responsible for the piloting and the assessment of the smoking cessation guidelines for the following high risk group: a) pregnant women and b) adolescents.
• All partners will review the methodology and the results from the pilots, and will provide valuable feedback, comments and suggestions for improvement.
Additionally, P2 (ENSP) will also involve experts from France and Belgium.

Work Package 6: Training of health professionals

Start month: 16
End month: 30
Work Package Leader: CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING

The project aims, among others, to provide further training to clinicians in a cost effective way, since the specialised set of tobacco guidelines will act as a tool to conduct early diagnosis and appropriate treatment of chronic diseases related to tobacco dependence. In order to achieve the main goal, i.e. to train as many health professionals as possible in a range of EU countries, the scientific groups will develop a training e-learning material available in the web-site for each individual health profession.
More specifically, this WP includes the following tasks:
1. Technical planning for the course development that will include suggested contents, structure, partner tasks and timelines, methods of work etc.
2. Technical Specifications of the on line platform.
3. Organization of a workshop for discussion on e-learning specifications, platform, content and procedures (possibly during the 4th project meeting).
4. IT development – online platform development. It will host the e-learning course and be an integrated ICT framework, which will be comprised of two elements: an e-learning management system and the corresponding e-learning repository.
5. Development of the content of the e-learning course that will include a list of readings, videos, lectures etc.
6. Training sessions of health professionals. They will allow for sufficient time and opportunity for trainees to learn; they will give the right of publishing opinions and articles and interacting with other professional stakeholders through the discussion forums.
The Scientific Advisory Committee, established in the previous work package, will continue to provide guidance and support for the development of the e-learning platform and the on-line course. More specifically, the Committee will supervise the training process, addressing questions, managing discussion forums and moderating content, reassuring that the whole training process is running smoothly.

Lead partner and role of applicants
• WP leader (P3 CMT) will be responsible for planning; task monitoring; partner coordination; deliverable finalization; remedial action in case of divergence from planning the process. Moreover, P3 will be responsible for preparing the specifications of the on line platform, software development; for the finalization of

the online platform; as well as for providing technical support during the e-learning training course.
• P1 and P4 will develop pre- agreed sections of the online course, including online course syllabus; video lectures with teaching scripts in English (production subcontracted but scripts provided by partners); lists of suggested readings; and other supportive material.
• All partners will review the specifications; the training material and the deliverables produced and they will give a feedback for further improvement.
• All partners will encourage target users to register on the e-learning course and to complete the training online. Additionally, P2 (ENSP) will also involve experts from France and Belgium.

COORDINATOR, LEADER CONTACT AND PARTNERS

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OUTPUTS

Layman version

ENSP
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2018
This is a short (e.g. 10 pages) version of the final report, addressed to the wider audience that can eventually be the target group.

Interim report

KEELPNO (HCDCP)
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Expected on: 30/11/2016
This report describes the activities carried out, milestones and results achieved in the first half of the project. Deliverables can be attached as annexes.

Final report

KEELPNO (HCDCP)
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Expected on: 30/11/2017
This report describes the project implementation and the results achieved. The deliverables are annexed

Evaluation reports (final)

CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 22/05/2018
The final evaluation report will take place at the end of the project. It will be a summative review of all the activities conducted. The report will examine the project achievements vis-a-vis the original planning and the programme’s award criteria

E-learning training sessions & report

CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 22/05/2018
E-learning training sessions & report will be offered to a minimum of 100

health professionals from month 26 to month 30 of the project. A relevant report of the e-learning activity ,including the list of participants in the online course, will be delivered on M30

Smoking cessation guidelines

KEELPNO (HCDCP)
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2018
Smoking cessation guidelines compose the main project deliverable. The final product will be both homogenous and harmonized, since it will be based on common basic principles and format, but also because it is highly specialized, as it consists of 5 set of guidelines, designed to meet needs of each high risk group. The ultimate purpose is to offer health professionals with the appropriate knowledge and practices to properly and affectively treat smoking addiction. The draft version (Confidential) will be delivered on month 10 and the final on month 24

Pilots assessment report

S.C.ANLET MED S.R.L.
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2018
5 pilot groups will be conducted with a minimum of 50 people per group. A relevant report will be conducted

E-learning platform & e-learning training course

CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2018
E-learning platform & e-learning training course will be an integrated ICT framework comprising of e-learning management system and e-learning repository and the self-learning course. The e-learning course will aim to train health professionals and give them knowledge and skills for the implementation of the smoking cessation guidelines in high risk groups. The e-learning course will address issues such as: epidemiological data on smoking habits, needs of high risk groups and differences between them, practical information about the use of the guidelines etc.

Project Handbook

KEELPNO (HCDCP)
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2017
The project handbook will specify the activities, the timeline, partners' tasks, budget and the financial regulations, communication strategy between partners and all other information deemed as necessary by the project coordinator to share with the partners, in order for the project to run smoothly and effectively.

Dissemination and communication plan

ENSP
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2017
The Dissemination Plan will describe the strategy for dissemination of project's results, and it will be targeted at the partners of the consortium. Moreover, will describe all methods and tools used for internal and external communication

Evaluation plan

CMT PROOPTIKI CONSULTING MANAGEMENT TRAINING
TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2017
The evaluation plan will describe the criteria, methods, activities and timeline for project evaluation, as well as the procedures and tools for the project's quality assurance

Evaluation report (interim)

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Published on: 06/04/2017
The interim evaluation report will take place at the midpoint of the project. It will be a formative review of the progress made up to that point in relation to the programme's award criteria, such as budget criteria, quality criteria, time and effectiveness criteria etc. The report will also provide recommendation for improvements in the second half of the project, where applicable.

Leaflet

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Published on: 06/04/2017

A leaflet to promote the project will be produced in the beginning. The leaflet will include information about the project, its objectives and expected outcomes, the partnership etc. and it will be used in all partners' contacts with stakeholders

Web-site

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TOBACCO CESSATIION GUIDELINES FOR HIGH RISK GROUPS (TOB-G)
Published on: 06/04/2017
P3 will develop a dedicated project web site with contributions from all the partners. This will include information and web-based learning material resulting from the User Manual and Training Guidelines. P4 will act as web master and it is expected to sustain the website after the end of the project's lifespan