**CALL FOR APPLICATIONS**

The American Academy of Pediatrics (AAP) Julius B. Richmond Center of Excellence is seeking applications from primary care pediatricians and child health care clinicians interested in utilizing techniques to help protect children and families from tobacco within the clinical practice setting. Data from the 2009 AAP Richmond Center Social Climate Survey of Tobacco Control shows that only 17.3% of adults reported their physicians asking about secondhand smoke exposure in the home and 27.2% of children’s physicians inquiring about exposure to secondhand smoke exposure in the home during office visits. This indicates that the clinical encounter is a missed opportunity to provide counseling for secondhand smoke exposure and tobacco use. This training, titled ***Asking the Right Questions- Clinicians and Tobacco Cessation in the Clinical Encounter***, seeks to train pediatricians and clinical practice staff to incorporate tobacco use and secondhand smoke exposure counseling into everyday practice.

A 1.5 day training will be held at the American Academy of Pediatrics headquarters in Itasca, IL. The dates of the training will be Thursday, April 26 and Friday, April 27, 2018.

Applicants are asked to complete the application and attend the training with a second clinician from their practice/clinical setting. The second attendee should be a physician assistant, nurse, medical assistant, social worker, health educator, or other similar professional who works in the practice full-time.  **The pediatrician is requested to complete the application on behalf of the team.**

These trainings are supported by an educational contribution from Pfizer. SUNSHINE ACT REPORTING: The funds that support this Grant may be subject to Sunshine Act reporting. As required, the AAP will submit the Grantee’s name and contact information, the purpose of the grant and the amount of the payment for inclusion in the Open Payments program. This federally run program collects the information about these financial relationships and makes it available to the public. Visit http://www.cms.gov/openpayments/index.html for more information. The AAP will notify the Grantee when such reports are being made.

Development of curriculum materials was also supported by grants from the Flight Attendant Medical Research Institute (FAMRI) and Truth Initiative®. Covered expenses include coach airfare, transportation between airport and hotel, hotel accommodations (2 nights maximum), and meals included during the trainings. All other costs associated with attending the training will be the responsibility of the attendee.

The goals of the ***Asking the Right Questions- Clinicians and Tobacco Cessation in the Clinical Encounter*** training session are to:

1. Improve counseling of patients and families about secondhand smoke exposure, tobacco use, and cessation;
2. Improve tobacco use and secondhand smoke screening, counseling, and cessation practices through systems changes and participation in a quality improvement module by participants; and
3. Promote public health policies that support tobacco control goals.

Conference attendees will participate in a series of sessions and workshops that address issues related to clinical practice change. A mix of small group breakout sessions, keynote lectures, and “lessons from the field” will be used in the training.

**Application and Criteria for Attendee Selection**

Applications are due by 4:00pm CT on **March 9, 2018**. Applicants will be notified March 20, 2018 of their application status. Criteria used to select attendees include:

* + - * + Primary applicants must be a practicing pediatrician
				+ Applicants who are leaders in their practice and/or willing to make practice change to better implement tobacco screening are preferred;
				+ Intentions or plans for improvement of clinical services and screening for tobacco use and secondhand smoke exposure efforts after the training;
				+ Involvement in community-based public health efforts, particularly those related to tobacco control

**Expectations of Selected Attendees**

* Participation in the full 1.5 day training
* Desire to improve health outcomes for children, adolescents, parents, and families,
* A willingness to serve as a change agent to help their health system, community, and professional organization address elimination of tobacco and secondhand smoke exposure;
* Personal commitment to implement practice changes and a willingness to lead changes to improve screening for tobacco use and secondhand smoke exposure;
* Participate in all follow-up evaluation activities following the training;
* Commitment to complete occasional progress updates to help the organizers assess the effectiveness of these clinical change efforts.

**Timeline of Activities for Attendees**

**Friday, March 9, 2018 4pm CT:** Applications due **Tuesday, March 20, 2018:** Applicant contacted about status of application

**April 26-27, 2018:** Training in Itasca, IL (suburb of Chicago) **June 8, 2018:** Follow-up evaluation sent to training attendees

**Application Submission Instructions**
Submit the below application via email by 4:00pm CT on **Friday, March 9, 2018** to richmondcenter@aap.org with the following subject: ***Asking the Right Questions- Clinicians and Tobacco Cessation in the Clinical Encounter***Note that submissions MUST be typed to be considered; **handwritten submissions will not be reviewed**.

 ***Asking the Right Questions- Clinicians and Tobacco Cessation in the Clinical Encounter***

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| **Attendee Application***Note: This application is intended to be completed by pediatrician. There is a space below to designate second attendee, if applicable.*If additional space is needed, append to end of document. |
| Name, Degree(s), Designation(s). Professional Title(s): |  |
| AAP ID: |
| Are you a member of your AAP state chapter? If yes, which chapter:  |
| **Practice or Organization Name:** |  |
| **SECOND ATTENDEE:** If applicable, who from your practice will be attending the training with you? **(please list credentials, role in the practice, and AAP ID, if applicable)** |  |
| **Practice address and your direct phone number:** |  |
| **E-mail Address-**  **Primary Attendee:**  **Second Attendee:** |
| 1. Do you provide (Please check all that apply):

□ Primary care □ Academic training □ No clinical care □ Subspecialty care (if so, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |
| 1. During a typical work week, what percentage of your time do you spend on the following professional activities? If you do not spend time on a particular activity, indicate zero (0) percent in the appropriate space.

\_\_ Direct Patient Care (inpatient and outpatient; including time spent on patient-related record keeping and other office work)\_\_ Administration (includes activities related to planning/managing services in hospitals or other healthcare organizations)\_\_ Medical or Public Health Teaching\_\_ Medical or Public Health Research\_\_ Other activities (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 100% = Total  |
| 1. Are you Board-Certified? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ NoIf yes, please list area of certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. Describe your practice’s current protocol for screening and treating patients and families for tobacco use and secondhand smoke exposure, including resources utilized, referrals to cessation support services, and/or provision of nicotine replacement therapy if applicable.
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| 1. Describe any public health improvement projects you have been involved with in your community or with your AAP chapter, particularly those related to tobacco control. Include your role in the project and whether the improvement has been sustained.
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| 1. Do you use electronic medical records (EMR) in practice? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

If YES, please specify what EMR system you use, including version: |
| 1. Describe any quality improvement projects or clinical practice change projects you have accomplished in your practice. Include your role in the project, whether the improvement/change has been sustained, and how you worked with other members of your practice to make the change.
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| 1. What do you want to accomplish as a result of participating in this training? Please briefly describe your goals.
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| 1. Please describe your typical patient demographic specific to insurance coverage. If you do not have patients covered by a particular coverage option, indicate zero (0) percent in the appropriate space.

\_\_ Medicaid\_\_ State CHIP program\_\_ Private insurance\_\_ Uninsured\_\_ Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 100% = Total  |
| 1. How did you hear about this training?
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