5.0 RECOMMENDATIONS

The necessity of inculcating an anti-tobacco culture in medical students is of paramount importance, due to the inadequacies and differences in opinions that were observed in the knowledge, attitudes and beliefs that medical students exhibited in this study on issues related to the tobacco-impact on health, control of sale of tobacco products and their possible future roles as advocates in tobacco control programs. The Royal College of Surgeons in the United Kingdom recommends that doctors play a more intensive role within their societies in combating the prevalence of smoking\(^\text{112}\).

It is suggested that a framework be developed to help inculcate in medical students a total awareness of tobacco-related issues. Outlined below are additional suggested considerations\(^\text{113}\) that may form a guide to a possible framework for such a programme.

The endpoints of this recommendation would serve to:

1. Improve the knowledge of students.
2. Assist smokers in quitting and
3. Enhance the enforcement of smoke-free policies.

These suggestions\(^\text{113}\) are mainly based on similarities of the principles of undertaking projects with the following points of focus in perspective: Stakeholder consultation, planning, implementation, evaluation (monitoring) and training (with research).
5.1 Stakeholder consultation:

A think-tank comprising both academic staff and certain selected non-academic staff (for example college administrators and security officials) should be assembled to deliberate on issues related to more intensive tobacco-control education and restrictions around the medical school.

The academic staff will shed light on all aspects that will range from the increase of knowledge of students to issues pertaining to the ill-health consequences of tobacco use, sound knowledge of legislation and restrictions and the inculcating of a culture of anti-tobacco advocacy as one of the major duties of a doctor because of the seriousness of the ill-health effects that is attributed to tobacco.

The academic staff will also be responsible for the initiation and provision of tobacco-cessation programmes for medical students.

The non-academic staff, with contributions from the academic staff, will mainly bring in suggestions that will further restrict the use of tobacco products, especially cigarettes within the confines of medical schools. This will enhance the feeling of lack of social acceptability to tobacco, which may lead to quitting or/and reduction of the use of tobacco.

Indicators will be deliberated upon, in order to focus on certain variables that will be used to measure progress with regards to the programme that will be put in place.

Variables to be measured will ascribe responsibilities to various departments to deliver knowledge to the students on issues related to:

1. The prevalence of tobacco use.
2. Environmental tobacco smoke.
4. Mortality and morbidity.
5. The economic impact of tobacco.
6. Tobacco control and health promotion.
7. Rehabilitation, treatment and the benefits of cessation.
8. Doctors as advocates in tobacco-control programmes.

5.2 Planning

This stage will seek to:

1. Set realistically achievable and acceptable goals targeted at establishing and improving all the derived variables based on indices that have been brainstormed upon.
2. Set an expected time frame and activity-responsibilities for modules that have been created and the staff that will be in charge of the different aspects of this project.
3. Format deliberations for methods of evaluations that should be set in place for effective monitoring of the project.

5.3 Implementation

This stage will entail the actual execution of the course of actions, which will systematically infuse all of the activities derived from the stakeholder consultation (analysis) and planning phases. Supplementary meetings will be embarked upon from time to time, to make adjustments to all areas of stakeholder consultations,
planning and implementation, if need be. This will also, ensure that all the aspects of the learning process and aspects of intensified restrictions and proposed cessation and control programmes are emphatically being addressed.

5.4 Evaluation

Proposed plans for the monitoring of the project will have to be in place from the onset. Evaluation will be by carrying out similar and perhaps more in-depth cross-sectional studies, of the nature seen in this study at the end of each academic session or other prescribed periods to seek out possible areas of improvements and the levels of progress.

Questions seeking to find out the perceptions of the students to the programme itself will be included in further studies, in order to determine grey areas of the programme that may not be so acceptable to the recipients.

The effectiveness of the programme can only be achieved through monitoring and evaluation. Properly carried out studies will be able to accurately decipher problem areas that can be improved upon.

5.5 Research and training

Ways of improving a programme of this nature need to be continuous. All forms of research concerning improved advocacy roles will be encouraged and embarked upon. Possible areas of research, could be in the form of cohort studies that will seek to determine the effect of the program on prevalence of tobacco use, the knowledge, attitude and perceptions of the students to the association between tobacco and disease, the effect of current restrictions and
regulations, the economic impact to the society and governments due to tobacco as well as the willingness of medical students to serve as advocates of tobacco cessation programmes in the future.

General research on other facets of tobacco control should also be encouraged in the areas that will investigate improved methods of rehabilitation and treatment techniques as well as improved public health policy techniques that will further protect the smoker and the non-smoker exposed to the addiction and to secondary tobacco, respectively.