

# Integrating Substance Use-Related Screening, Brief Intervention and Referral to Treatment in Prelicensure Nursing Curricula

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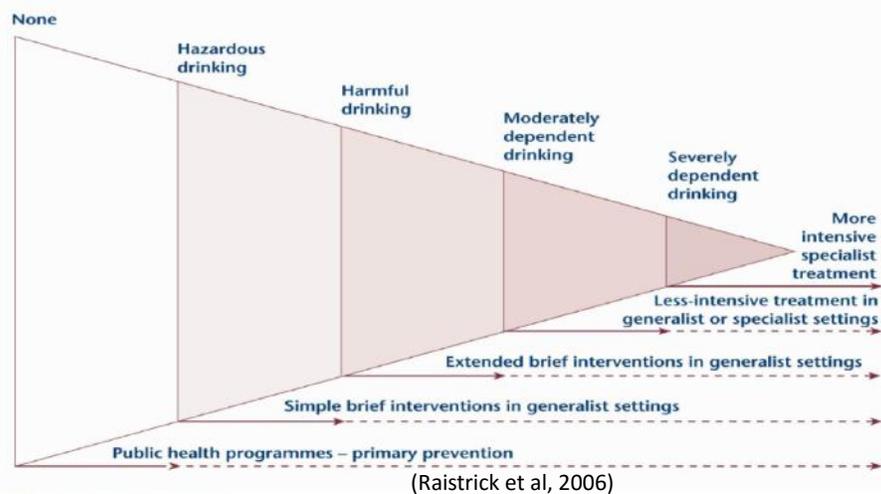


## Background

- The inclusion of substance use-related content in the nursing curriculum is paramount given the prevalence and consequences associated with substance use.
- Adding content to nursing curricula is often met with resistance given the required content that must be included to prepare students for the registered nurse role.



## Spectrum of responses to problem alcohol use



## Responding to alcohol-related harm

- As the largest group of health care professionals, nurses from all fields of practice, are well placed to identify patients' levels of alcohol consumption, offering advice in relation to reducing levels of alcohol consumption and delivering brief interventions where necessary whilst referring onto specialist alcohol services where appropriate (Nkowane & Saxena. 2004; Murray & Li 2007; Holloway et al. 2007; Littlejohn & Holloway 2008; Watson et al. 2010)
- Nurses are not engaging with this important role (Tsai et al 2010)
- A lack of alcohol education and training has been identified as a key barrier to this element of practice (Rassool & Rawaf 2008)



## National and International evidence-base

- The need for alcohol education and training has been acknowledged and is therefore of global concern and relevance to nurse educators (Tsai et al 2010)
- UK (Rassool & Oyefeso 1993; Rassool & McKeown 1996; Rassool 2000; Gill & O'May 2011; O'May et al 2016)
- United States of America [USA] (Hoffman & Heinemann, 1987; Murphy 1989; Naegle 1994; Church 1995; Murray & Savage 2010)
- South America (Pillon et al. 2003; Rassool et al. 2006), Australia (de Crespigny 1996; Happell & Taylor 1999)
- Asia (Tsai et al. 2010)



## World Health Organization (WHO) review

- The involvement of nurses and midwives in screening and brief interventions for hazardous and harmful use of alcohol and other psychoactive substances (Watson et al, 2010)

*“It was clear that lack of confidence in assuming this secondary prevention role and insufficient knowledge and negative attitudes are key inhibitors of nurses’ involvement in screening and brief interventions in this field. However, it was also shown that the more education nurses receive the greater the likelihood that they engage in screening. Most studies of training suggested that educational interventions can have a positive impact on nurses’ knowledge, skills and attitudes regarding alcohol screening and brief interventions (Ockene et al. 1997; Kaner et al. 2003; Peltzer et al. 2008). However, definitive evidence of the optimum duration and format of such initiatives is not available”.*



## Positive role of nurses delivering alcohol interventions (Platt et al., 2016)

- Systematic review and metaregression analysis, 25 RCTs measuring effect of alcohol SBI on alcohol consumption
- Different providers (counsellors, general practitioners, nurses, peers, others [psychologists, social worker, research nurse]) compared on alcohol-related outcomes following intervention.
- Interventions delivered by nurses had the most effect in reducing quantity ( $d = -.23$ , 95% CI (- 0.33 to - 0.13)) but not frequency of alcohol consumption.



## Purpose

- The purpose of this presentation is to illustrate how this content can be integrated into and sustained in the prelicensure/pre-registration curricula in two large universities in the US and the UK respectively.



## Materials and Methods

## Beginning with sustainability

Each module is integrated into existing courses:

- Health assessment
- Pathophysiology
- Health promotion
- Common, Chronic, and Complex Health Problems
- Maternal and Newborn Health
- Child Health
- Public Health
- Leadership for Population Health Management
- Assimilation to Professional Practice (nursing residency)



## Content and Delivery

- Each module developed by expert based on learning objectives
- Expert filmed in studio delivering lecture (i.e., vimeo)
- Reading assignment, vimeo, note-taking slides, and handouts posted in online learning system (i.e., Blackboard™)
- Students complete all materials prior to class, allowing time for application of learning, such as role plays, simulations, critiquing videos on S, BI, or RT delivery, etc.
- SBIRT competency check in final semester via on-line computer simulation (Kognito Solutions, LLC)



## Modules

- SBIRT Overview
- Screening
- Motivational Interviewing
- Brief Intervention
- Referral to Treatment
- Transtheoretical Model
- Neurobiology Underlying Substance Use
- Pharmacotherapy for Substance Use Disorders
- Withdrawal
- Pain and Opioids
- SBIRT with Older Adults
- SBIRT with Adolescents
- Implementing SBIRT in practice

## Evaluation

Pre-education	Prior to Clinical Immersion	Within Clinical Immersion	Post - Education	1-Year Follow-up
Knowledge (13-item test)	SBIRT Competency:	SBIRT Delivery in Practice:	Knowledge	Use of SBIRT
Alcohol Perception Questionnaire (30 items)	Screening and Brief Intervention Skills Assessment Module (Kognito Solutions, LLC)	<ul style="list-style-type: none"> <li>• # patients screened/# patients</li> <li>• # BI / # patients + screen</li> <li>• # RT / # patients with potential substance use disorder</li> </ul>	Alcohol Perceptions	Perceived effectiveness of SBIRT in practice
Drug Perception Questionnaire (22 items)			Drug Perceptions	

## Four Step Process for Curricular Change

- Laying the groundwork
- Adapting the content to the curriculum
- Implementing
- Refining and Promoting



## Laying the Groundwork

1. Understand the need
2. Get organizational commitment



## Adapting the Content to the Curriculum

3. Plan modules and realistic objectives
4. Meet with course faculty
5. Establish timing of the content in the course



## Implementing

6. Deliver the content
7. Make refinements based on student feedback and instructor experience



## Refining and Promoting

8. Monitor and update

9. Share success



## Results

- Curricular maps for Johns Hopkins School of Nursing (US) and University of Edinburgh (UK) were developed to guide the placement and timing of the content for delivery to nursing students who will be eligible for licensure as registered nurses.
- Rather than placing all content in a stand-alone course, integrating content in courses resulted in providing new content to nursing students in the US without “crowding” the nursing curriculum.
- University of Edinburgh is currently undertaking mapping and integration into their current courses



## Conclusions

- Approximately nine hours of specialty substance-use related SBIRT content has been effectively integrated into existing courses across a prelicensure nursing curriculum.
- Data from students related to change in knowledge and perceptions, competency, SBIRT delivery in practice as student and RN will be used to inform quality improvements for the curriculum.
- The proposed implementation model can be utilised by nurse educators wishing to provide an optimal integrative programme of alcohol education.



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