

SBIRT in an interprofessional context for healthcare students and professionals

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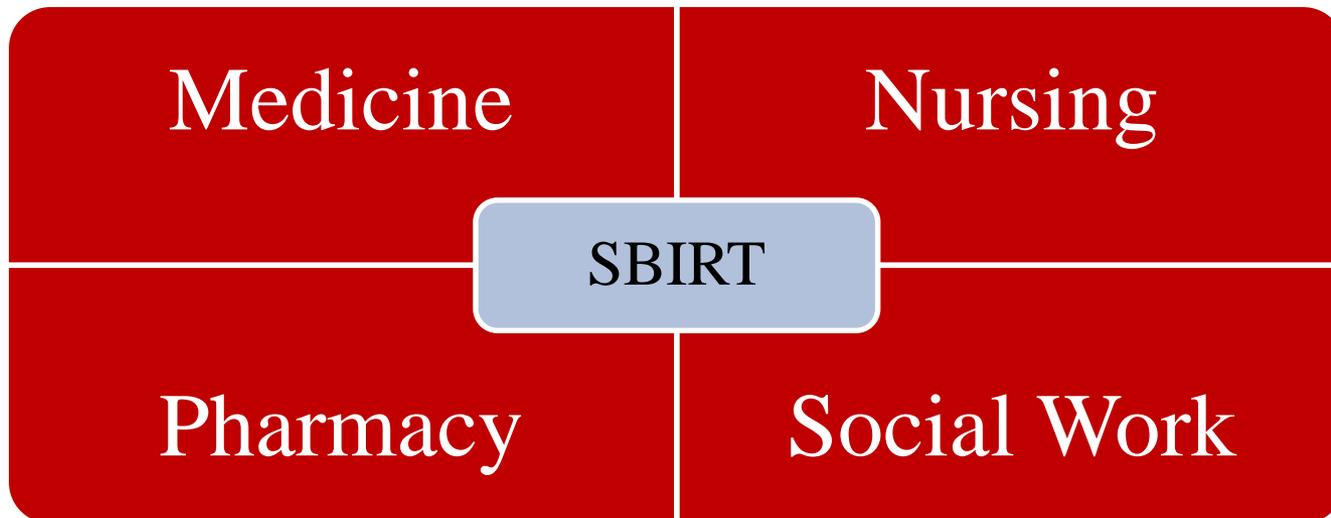
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SBIRT Interprofessional Training Program at the University of Cincinnati



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Three Part Student Training for Course

Online Education



Standardized Patient Experience



Clinical Experience

Men's and Women's
Homeless Shelter

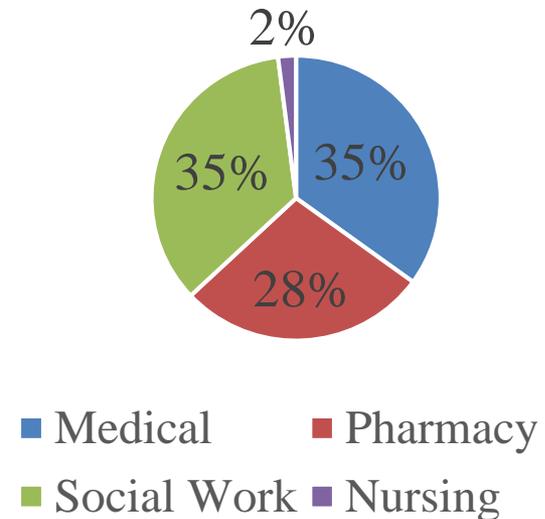
Food Bank

Hospital

FQHC

Student Demographics (n=43)	
Gender	
Male	20.9%
Female	79.1%
Race/Ethnicity	
American Indian or Alaska Native	2.3%
Asian	14%
Black or African American	11.6%
Native Hawaiian or Other Pacific Islanders	0.0%
White	83.7%
Multi-Racial	11.6%
Hispanic/Latino	2.3%
Education & Experience Prior to the Course	
Enrolled in Graduate Level Coursework	90.7%
Had ten hours or less of training in SUD	81%
Had course content on motivational interviewing (MI)	53.5%
Had experience using MI with clients	58%

Percentage of Students by Discipline of Study



Quantitative Results

- Scores for competency in SBIRT (Measured by University of Pittsburgh's SBIRT Medical and Residency Training Survey) improved significantly from pre to post course ($p < .0005$).
- Perceived confidence and preparedness ($p \leq .0005$) for conducting a SBI improved after completing an SBI virtual simulation.
 - Immediately after the course ($n = 43$):
 - 95.3% of the students agreed to strongly agreed that they expected to use the information gained from this training.
 - At the 30 day follow-up ($n = 43$):
 - 51.2% stated they have applied what they have learned to their work.

12 month follow-up Results (n=33)



- Most of the students had not graduated yet (64%).
- 36% were either employed full or part-time in their field of study
- For those employed, only 12.5% claimed the organization they work for conducted universal screening for substance use.
- 60.6% had performed components of SBIRT in the past 12 months with at least one or more clients/patients.

Facilitators to Implementation

- Several former students noted the course provided them with the confidence to bring up the subject with their patients.
 - *“SBIRT has given me a timely, structured way to approach the discussion of substance use with patients. I feel comfortable applying the technique when applicable, however sometimes other concerns of the patient occupy most of the time of the appointment and I am unable to use SBIRT fully. (Medicine)”*

Barriers to Implementation

Lack of time was most frequently noted as a barrier former students have encountered when using SBIRT in their practice, most notably by the pharmacy students.

“Working in a community pharmacy provides little time for intimate patient encounters and interviews. (Pharmacy)”



Qualitative Results

“The experiences gave me an excellent opportunity to apply SBIRT in a real setting... and allowed me to work collaboratively with other professions that may play a role in the impact alcohol and drugs has on one’s health.” (Social Work)

“If other members of the healthcare team are also trained in SBRT skills then the chances of a patient receiving the proper screening and intervention would be greatly increased...In the future, I plan to share my SBIRT training...” (Medicine)

“As a future primary care nurse practitioner, I will definitely use SBIRT and continue to seek educational opportunities to enhance my knowledge in both alcohol and substance abuse treatment. I believe that primary care providers are positioned to help patients with substance abuse problems due to the trust that practitioners have established with their clients.”(Nursing)

Conclusion

- An interprofessional hybrid course is an effective method for providing education about SUD and interventions and for teaching SBIRT skills, topics often missing from disciplinary curricula.
- The hybrid model meets some of the challenges of scheduling, geographical location, professional curriculum requirements, and administrative buy-in.
- Practicing Screening and Brief Intervention skills in clinical sites with preceptors is a unique experience that is highly valued by students.