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lives of people throughout the world.*



Training in SBIRT in Medical Schools in the United States:

An Examination of Physician Education and Training on Conducting Screenings, Brief Interventions, and Referrals to Treatment

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Objectives

- Better understand SBIRT education received by medical students, residents, and practicing physicians in the US
- Examine markers used to confirm the readiness of residents, practicing physicians, and the medical system to perform SBIRT services

Discussion Topics

- **Identification of Needs:** Identify substance abuse and SBIRT education in medical schools and residency training programs
- **Recent Initiatives:** Review the development of recent initiatives to develop substance abuse and SBIRT curriculum resources to help fill some gaps in current medical student and resident physician curricula
- **Markers to Confirm Readiness:** Review the development of markers to demonstrate readiness of medical students and residents to perform SBIRT services

Identification of Needs

- Identify SBIRT education in medical schools and residency training programs

NIDAMED and NIDA's Centers of Excellence for Physician Information (CoE)

- **NIDAMED:** Represents NIDA's dedication to working with the medical community by providing science based resources to help physicians identify patient drug use early and prevent it from escalating to abuse or addiction as well as identify and refer patients in need of specialized addiction treatment.
- **NIDA CoEs:** In 2007, NIDA established the CoEs, in partnership with the AMA and 8 medical schools, to conduct a formative assessment develop drug abuse and addiction curriculum resources to help fill some of the gaps in current medical student/resident physician curricula.

Boston University School of Medicine
Drexel University College of Medicine/The University of
Pennsylvania School of Medicine
Harvard Medical School/Cambridge Health Alliance
University of Massachusetts Medical School
Tufts University School of Medicine
University of North Dakota School of Medicine & Health Sciences
Creighton University School of Medicine



www.drugabuse.gov/nidamed

NIDA Formative Assessment

Objectives (to inform the NIDA CoE curriculum development):

- Determine the content, format, and extent of substance abuse (SA) and SBIRT training at medical schools and in residency programs
- Understand perceived student and resident knowledge and attitudes toward treating patients with SA disorders
- Obtain preferences for SA education content and modality
- Surveys with medical students (n=1,152) and residents (n=246)
- Focus groups (FGs)
 - Medical students (6 FGs; n=47)
 - Residents (4 FGs; n=52)
- Data were collected as part of several U.S. federally funded research studies

(presented at 2009 AAMC Annual Meeting)

Identification of Needs: Results

- Q1. How do medical students and primary care residents **perceive their knowledge about and skills** in SA assessment and treatment?
- Q2. What are medical students' and primary care residents' **attitudes toward patients** with substance use disorders?
- Q3. What are medical students' and resident physicians' **preferred modalities** of learning about substance use disorders?
- Q4. What are medical students' and resident physicians' **suggestions for improving education** in substance use disorders?

Identification of Needs: Results



- Q1: 50–60% reported limited knowledge of medications and/or therapies appropriate for SA patients.
- Q1: Residents believe moderately or very skilled at:
 - Screening SA: 50–59%
 - Treating SA: 18–24%
- Q2: Medical students' and residents' attitudes towards patients with SA disorders:
 - 80–90% agree that “addiction is treatable” and “early diagnosis is beneficial”
 - 34% agree that “people who abuse drugs have a special ability to manipulate physicians” and “most drug-dependent persons are unpleasant to work with as patients.”
- Q3: Preferred modalities: Experiential learning, small study groups, traditional didactics/lectures, problem-based learning cases, working directly with patients, and standardized patient cases
- Q4: Top suggestions for improving education include: practice diagnosis and counseling on standardized patients (medical students) and clinical presentations (residents)

Recent Initiatives

- Review the development of recent initiatives to develop substance abuse and SBIRT curriculum resources to help fill some of the gaps in current medical student and resident physician curricula

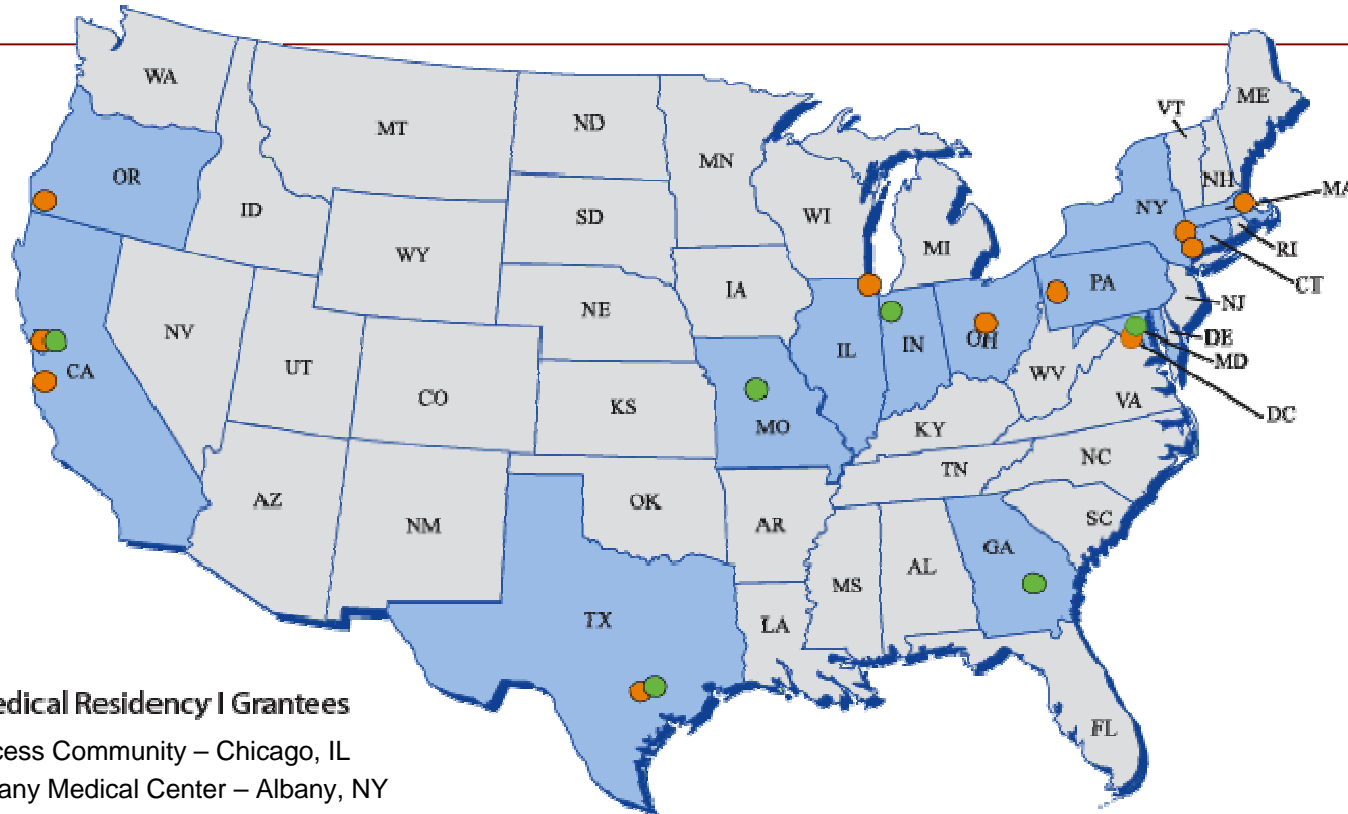
New Initiatives

- NIDA CoEs Medical School and Residency Program
 - 7 curriculum resources developed
- SAMHSA's SBIRT Medical Residency Cooperative Agreements
 - 17 medical residency grantees
 - 675 new residents trained between October 2009 and May 2010
 - 1,256 residents have been trained since September 2008
 - Grantees have trained 1,021 non-residents (e.g., physician assistants, psychologists, social workers, other healthcare professionals)

NIDA CoEs Medical School and Residency Program Curriculum Resources

- **Topic Areas:** Prescription drug abuse, methamphetamine abuse, and general substance use disorders
- **Formats:** Lectures, problem- and case-based studies, a faculty workshop, and a Web module. In addition, an objective structured clinical examination (OSCE) will be launched in fall 2010
- **Target Populations:** Medical students years 1–4, resident physicians, and medical school faculty

SAMHSA's SBIRT Medical Residency Cooperative Agreements



● Medical Residency I Grantees

- Access Community – Chicago, IL
- Albany Medical Center – Albany, NY
- Children's Hospital Boston – Boston, MA
- Howard University – Washington, DC
- Kettering Medical Center – Kettering, OH
- Natividad Medical Center – Salinas, CA
- Oregon Health Services – Portland, OR
- San Francisco General Hospital – San Francisco, CA
- University of Pittsburgh – Pittsburgh, PA
- University of Texas Health Services - San Antonio, TX
- Yale University – New Haven, CT

● Medical Residency II Grantees

- Baylor College – Houston, TX
- Indiana University – Indianapolis, IN
- Mercer University – Macon, GA
- University of California SF – San Francisco, CA
- University of Maryland Baltimore – Baltimore, MD
- University of Missouri – Columbia, MO

SBIRT Medical Residency Curriculum

Development

- All Medical Residency I SBIRT grantees have completed development of a curriculum
- Medical Residency II SBIRT grantees are still developing their curricula
- Curricula incorporate evidence-based practices
- Average 8–12 modules

Components

- Medical condition and substance abuse
- Screening tools
- Brief intervention
- Motivational interviewing
- Referral to treatment
- Detoxification
- Prescribing of effective medicines
- Prescribing options for pain Medications
- Medical management
- Cultural competency
- Other

SBIRT Medical Residency Curriculum

Delivery Methods

- Didactic used by all grantees
- Formal lecture/presentations
- Grand rounds
- Role-playing/interactive discussions
- Skills center/workshops
- Online lectures
- Direct observation
- Patient practice
- Literature/scholarly review

Patients Who Received SBI from Trained Residents

- 2,618 patients have received SBI between October 2009 to May 2010
- 3,304 patients have received SBI since September 2008
- Not all grantees are able to track and report patients receiving SBI services at this time. Grantees continue address this need and several are integrating SBI reporting through electronic health records.

Markers to Confirm Readiness

- What is required at the institutional level?
- What is required of faculty?
- What is required of medical students and residents?

Institutional Readiness: Curriculum Requirements and Competencies

- Competencies:
 - Integration into existing curriculum
 - Accreditation Council for Graduate Medical Education (ACGME)
 - The Association for Medical Education and Research in Substance Abuse (AMERSA) Project Mainstream
 - Report from the President's Leadership Conference on Medical Education in SA
 - The American Academy of Family Physicians (AAFP) Recommended Curriculum Guidelines for Residents
- Curriculum Requirements
 - No specific requirements from the licensing body for medical education programs (LCME) on how to incorporate SA education
 - Accredited U.S. medical schools specify content; however, how it is delivered is decided by each institution

Institutional Readiness: Curriculum Requirements and Competencies

- Undergraduate Medical Education (UME)-Embedded within topic of mental disorders :
 - Health and health maintenance for a range of topic areas including substance abuse
 - Diagnosis
 - Management (prescribing and treatment management)
 - Under subject exam in psychiatry
- Graduate Medical Education (GME)
 - ACGME Residency Review Committee
- Competing interests of physician job demands and awareness of market to position the topic and curricula
- Organizational/systems needs assessment to determine institutional readiness

Faculty Readiness

- Faculty Development
 - Accredited U.S. medical schools required to have faculty development workshops
- CMEs
 - 13 Current CMEs (n=27)
 - CMEs on opioids (n=10)
 - CMEs on alcohol (n=5)

Medical Student/Resident Readiness

- Medical education licensing exam
- Resident readiness survey
 - Knowledge
 - Attitude
 - Behavior

Conclusions

- Physician professional societies have put forth detailed competency recommendations; however, medical students and residents in the United States report having limited formal instruction and/or direct experience with SA patients
- There are generally mixed attitudes towards treating patients with SA problems by both practicing physicians and physicians in training
- A discrepancy exists in perceived abilities for providing SBIRT services, with students and residents reporting more competency at screening vs. treating substance abusing patients
- Suggestions for improving SA education include more practical/clinical learning experiences, communication skills training, and formal cases and presentations by expert clinicians (which provides opportunities to link to requirements such as ACGME)
- U.S. government agencies (NIDA and SAMHSA) are funding efforts in curriculum development and training, reaching large numbers of medical students and residents
- Markers to confirm readiness are currently not well developed, leaving ambiguity and flexibility for the integration of SBIRT into medical education