

## SBIRT and Substance-related Education for Health Care Providers and Students

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- No conflicts of interest
- No off-label use



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## Nurses Helping Colorado Team University of Colorado College of Nursing Peer Assistance Community Partner

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- Lisa Krug Avery, MSW, LCSW
- Carolyn Swenson, MSPH, MSN, FNP ( Peer Assistance Services, Inc.)




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### Today's Objectives

Participants will be able to discuss:

1. What are teaching strategies that can be used to successfully educate healthcare professionals and/or student regarding SBIRT and substance-related topics in primary care, acute care, chronic illness care, and opiates and chronic pain?
2. What learning platforms can be used for online module creation and dissemination?
3. What content can be included in online SBIRT education for healthcare professionals/and or students?
4. What kind of evaluation strategies have been used evaluate success in incorporating SBIRT into practice?




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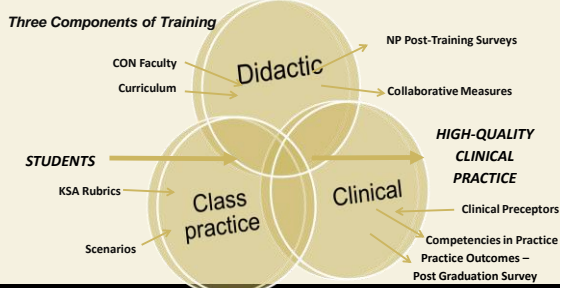
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### Curriculum and Evaluation Model (September 2014)




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## Undergraduate Nursing Program: Methods

Three levels of trainees BS students

- Target **N = 675** over 3 year grant period
- traditional, accelerated, RN-to-BS

Three educational modalities

- Didactic
- Simulation
- Clinical Precepting




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## Undergraduate Nursing Program: Methods

Three primary outcomes

- Training satisfaction (CSAT survey)
- Changes in attitudes, knowledge, and behavior (Consortium survey)
- Practice measures (simulation for BS, post-graduation survey of actual practice patterns)




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## Undergraduate Nursing Program: Overall Approach

Educate BS students on basic skills in cohorts:

- Address substance as a health issue on a continuum across populations and settings
- Thread SBIRT content in clinical courses or in Simulation in: Assessment, geriatrics, pediatrics, medical-surgical, OB, pediatrics, psychiatric and public health nursing courses
- Focus on cultural competence, stigma related to substance




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## Undergraduate Nursing Program: Overall Approach

- Present use of SBIRT across populations (peds, OB, Med-surg, psych, public health)
- Simulation will include practice in beginning SBIRT skills, connection of prevention of substance use in chronic conditions, and use of motivational interviewing techniques.
- Focus on need for universal screening for substances, use of MI techniques, coordination with specialty care




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## Threading substance related content into the UG program

Each clinical course contains:

- Didactic content
- Online modules
- Simulation
- Communication




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## Threading substance content in UG

**Foundations:** Motivational Interviewing; OARS

**Med-Surg I:** Impact of substance on chronic disease states

**Pediatric:** Teens and drugs, guidance on marijuana, underage drinking prevention, answering tough questions from kids, why you should talk with your child about alcohol

**OB:** screening tool utilized with pregnant woman. Woman and alcohol use.

**Med-Surg II:** substances in acute medical issues

**Community Health:** full SBIRT process with student volunteers

**Clinical Immersion:** Substance use in professional nursing




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### Threading SBIRT in UG curriculum: *Example*

Health Assessment:  
*first course in program*

- Course includes content on subjective data.
- Introduce screening tools in didactic, including substance assessment.
- Simulation: introduction of communication techniques
- Textbook readings on substance assessment.
- Clinical Education Center activity with Assist and DASH substance use tools.
- Clinical evaluation form, inquires about past medical history including substance history.
- Discussion on stigma




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### UG Teaching Strategies

- Simulation exercises worked out between SBIRT team and Simulation team to combine course content with threaded material




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### Content: Health Impacts of Alcohol and Drugs

- Hypertension, dyslipidemia, heart disease risk
- Liver disease, gastritis, pancreatitis
- Depression, sleep dysfunction
- Increased risk for breast, colon, esophageal, head, and neck cancers
- Increased risk of acquiring or transmitting HIV, other STIs, and other infectious diseases
- Increased risk of trauma or disability




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## High Fidelity Simulation



Med-Surg II Simulation:

- Article: Cocaine and Cardiac Disease
- Case: Acute coronary syndrome. 4 scenarios for care of patient. Unfolding case.
- Wife in room when lab report of + cocaine use is presented. Wife emotional and escalates with anger and betrayal.

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## High Fidelity Simulation

- Student to engage in the difficult situation with wife and patient.
- Scenario of cardiac patient engaging student in an MI conversation related to lifestyle changes for cardiac patient. MI techniques evaluated. Feedback around MI provided in both 1 & 2.

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## High Fidelity Simulation



Pediatric Simulation

- Case: Trauma content
- Scenario with questionable non-traumatic head injury (child abuse).
- Mom with suspicious substance (MJ) in purse that falls out during scenario.
- Student to engage in the conversation regarding the substance.

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### Evaluation measures

For adult patients seen in your practice, how often do you...

- a. Perform screening for at-risk drinking **at their initial visit?**
- b. Perform screening for at-risk drinking at acute-care visits?
- c. Perform screening for at-risk drinking at chronic-care visits?
- d. Perform screening for drug use at their initial visit?
- e. Perform screening for drug use at acute-care visits
- f. Perform screening for drug use at chronic-care visits?




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### Evaluation measures

When you detect at-risk drinking or drug use with a patient in your practice, how often do you

- a. Ask permission to talk about the patient's alcohol use?
- b. Provide feedback on the patient's alcohol consumption?
- c. Provide advice to cut down or quit using alcohol?
- d. Use MI techniques to enhance motivation & elicit change talk?
- e. Negotiate a plan regarding future drinking?
- f. Emphasize the patient's strengths & ability to change?




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### Undergraduate Program Results

- BS students trained:  $N = 396$  in 8 courses
- Satisfaction survey results ( $N = 341$  baseline, 72 follow-up):
  - Satisfaction with training: **81% post -> 83% follow-up**
  - Knowledge gain: **80% post -> 85% follow-up**
  - Intent to use / actual use: **90% post -> 72% follow-up**




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## UG Program results

- Outcome survey results ( $N = 159$  baseline, 24 follow-up):
  - Attitude (10 points possible): **66% post -> 65% follow-up**
  - Knowledge (5 points possible): **81% post -> 63% follow-up**
  - Behavior (5 points possible): **65% post -> 60% follow-up**
- Pre/post outcome comparison (paired  $t$ , all groups,  $n = 69$ ): no change in attitude or behavior, knowledge went down  $p < .001$

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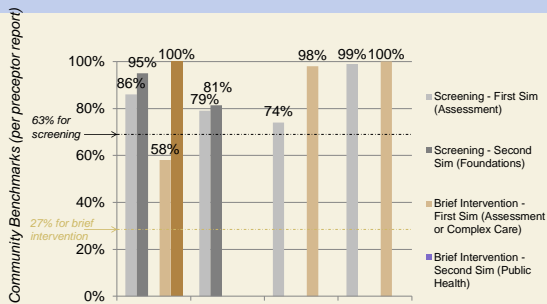
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## BSN Simulation Results




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## 1-2-4

- Start with personal reflection for 1 minute and answer the question.
- Then meet with a second person and spend 5 minutes talking about your answers, gaining some consensus
- Then meet in a group of 4 to compare answers for 10 minutes and report

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### Next questions

1-2-4

Can you teach SBIRT content alone or do you need to incorporate other content and context?

How much content and practice in SBIRT do we need in Educational settings to change practice?



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### 1-2-4

- What are teaching strategies that can be used to successfully educate healthcare professionals and/or students regarding SBIRT and substance-related topics for primary care and acute care?



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### The Student Experience ...



Theory



Practice



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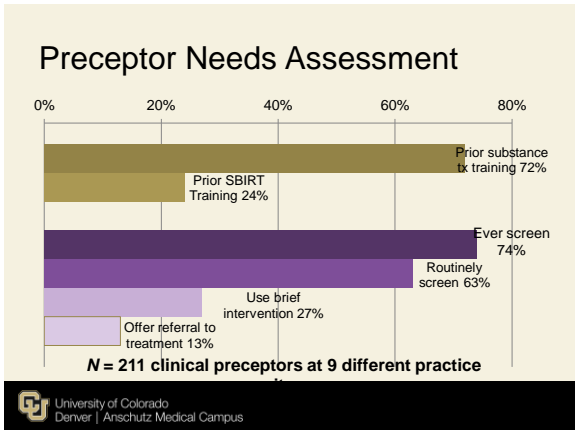
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### Preceptor Training Results

- Preceptor training with high-volume, receptive sites
  - **Trained N = 385 preceptors (interdisciplinary)**
- Satisfaction survey results (N = 293 baseline, 92 follow-up):
  - Satisfaction with training: **85% post -> 87% follow-up**
  - Knowledge gain: **85% post -> 80% follow-up**
  - Intent to use / actual use: **87% post -> 54% follow-up**

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### Preceptor training results

- Outcome survey results (N = 161 baseline, 52 follow-up):
  - Attitude (10 points possible): **65% post -> 64% follow-up**
  - Knowledge (5 points possible): **87% post -> 70% follow-up**
  - Behavior (5 points possible): **59% post -> 65% follow-up**

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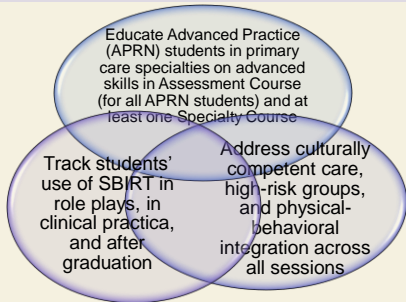
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## SBIRT Education of Advanced Practice Nurses




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## Graduate Curriculum

- All NP students receive full SBIRT education within their Advanced Health Assessment course early in their programs
  - Didactic content in online modules
  - Online modules contain videos, content, discussion questions prior to class
  - Role play
- Additional SBIRT education in specialty courses, with didactic content tailored to their population focus:
  - Diagnosis & Management II (FNP, AGNP, ACNP)
  - Chronic Illness of Women (WHNP, NMW)
  - Pediatric Chronic Illness (FNP, PNP)

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## Self-contained Modules within LMS

- Our Learning Management System (Canvas) allows us to create modules that are interactive, can have videos, tests, discussion board
- Can have pre-recorded lectures
- Discussion board case studies with substance issues for students to respond to and to each other
- Students can create videos of themselves practicing

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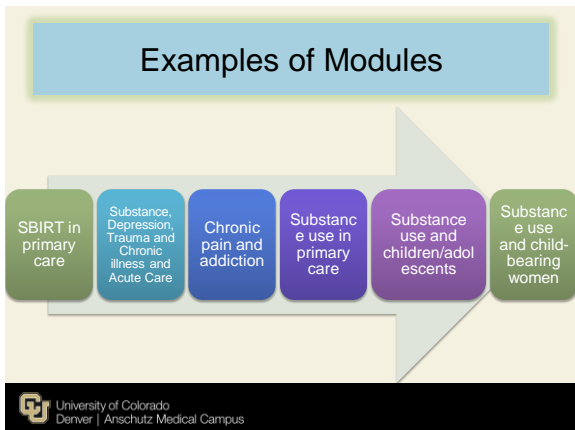
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### Graduate Program Results

- APRN students educated:  $N = 337$  at 17 events
  - Already **225% of target** for the full 3-year grant, which was 150
- Satisfaction survey results ( $N = 260$  baseline, 102 follow-up):
  - Satisfaction with training: **87% post -> 85% follow-up**
  - Knowledge gain: **88% post -> 87% follow-up**
  - Intent to use / actual use: **95% post -> 63% follow-up**

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### Graduate Program Results

- Outcome survey results ( $N = 86$  baseline, 25 follow-up):
  - Attitude (10 points possible): **67% post -> 68% follow-up**
  - Knowledge (5 points possible): **89% post -> 78% follow-up**
  - Behavior (5 points possible): **60% post -> 54% follow-up**

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### Next Questions

How are you incorporating SBIRT in your curricula? Where does it “live”?

Which model is most sustainable?



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### Barriers to implementing SBIRT in practice

- Please go back to your groups of 3-4 and answer the following question:
- What are the barriers to seeing SBI or SBIRT implemented in practice settings?



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### Baseline Long-term Student Outcomes

- First survey sent to BSN, APRN, DNP, and PhD program graduates in August 2014 (after graduation date in May)
  - Some had SBIRT content and others did not
  - Graduates working in mental health were slightly over-represented
  - Goal is to get a baseline for longitudinal evaluation
- Results for May 2014 graduates:
  - Response rate of 14% (26 / 191 graduates)
  - Respondents were 8% rural, 17% small cities, 75% Denver area
  - 96% of respondents provide direct clinical care, 36% at FQHCs
  - Wide range of patients served: gender, race, age, GLBT, low-income, incarcerated, immigrants, homeless, rural



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## Baseline Long-term student outcomes

- Use of SBIRT:
  - **44% screen** for potentially risky alcohol or drug use
  - **44% use brief interventions**
  - **33% refer** to and coordinate with specialty substance abuse providers
- We will be getting more long-term data over the next year

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## Conclusions

- BS and APRN students are receptive to SBIRT training
  - High level of satisfaction
  - Overall positive results for attitudes, knowledge, and behaviors
  - There is a gap between intention and actual implementation
- Students demonstrate use of SBIRT skills in practice
  - BS students show growth in skills through simulation exercises
  - APRN students show a low level of SBIRT use in practice settings

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## Discussion with groups

- Divide into groups of 3-6
- Identify a recorder who will report to the group:
- For next 10 minutes, discuss this question:
  - How can we best evaluate real change in practice for the Nurse, Physician, Social Worker, Nurse Practitioner, and other team members in a hospital setting and outpatient settings?

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## Conclusions

- Preceptors are initially not using SBIRT
  - This is the greatest barrier to SBIRT implementation by students
  - Those preceptors who have been willing to participate in training are receptive and do change practice

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## Summary

- Content, strategies, evaluation depends on the level of the student (those new to health care, starting a new role, current health care providers)
- A one time educational experience rarely has lasting impact to change practice
- Evaluation strategies need to incorporate knowledge, skills and attitudes
- Best results with our pre-licensure students to change practice

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## Thank You

- This evaluation study was supported by grant #1U79TI025352 from SAMHSA's Center for Substance Abuse Treatment (CSAT)
- Other members of CU's SBIRT Training Team are Dr. Paul Cook, Dr. Laura Rosenthal, Ms. Laurra Aagaard, and Ms. Lisa Krug-Avery
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QUESTIONS?

THANK YOU!!!

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