Curriculum Objectives

To develop an evidence-based SBIRT curriculum that will be sustainable over many years at the Residency.
To positively impact an at risk population, before the negative consequences result
To implement, develop and promote SBIRT skills that residents will sustain beyond their training and into practice

Introduction to SBIRT

Conducted during New Resident Orientation.
Outline:
• Describe project & evaluation process
• Present the rationale for doing SBIRT
• Review Screening Tools
• Demonstrate Screening
• Practice Scoring ASSIST
• Review Motivational Interviewing (as a brief intervention)
• Practice Motivational Interviewing
• Review local resources for referral.

Reinforcing SBIRT Strategies

ASSIST Screen Assignment.
First-year residents are required to complete 4 ASSIST screens during 3 inpatient rotations, or 12 screens, in one year. (Fig 1)

ASSIST Screening Cards placed in all Ambulatory Clinic encounter folders. This serves as a reminder to all residents and faculty to use SBIRT screening questions during outpatient visits. (Fig 2)

Electronic Health Record.
The outpatient Electronic Health Record has been revised to include a Substance Abuse Template which is used to document substance abuse. This template is in the process of being edited to complement the ASSIST form and the SBIRT.

Teaching Strategies

➢ Annual Didactic Lecture
➢ Reminder Pocket Cards
➢ Screening Assignments
➢ Inpatient Clinical Supervision daily at Checkout and Grand Rounds
➢ Ambulatory Clinic Supervision

Other SBIRT Implementation

➢ Grand Rounds-Potential patients are screened daily by the inpatient team and presented to the Attending in charge. Then Inpatient team member and faculty will approach patient to apply principles of SBIRT.
➢ Utilization of our In-house Social worker to coordinate any referrals to Local treatment facilities for Substance abuse.

Key Sources

2. http://familymed.uthscsa.edu/sstart/