Introduction
50% of cases involving major trauma are alcohol related (Gordis, 2003).

47% of at-risk patients who received brief intervention were no longer drinking above NIAAA recommended limits (Vaca et al., 2011).

Curriculum Objectives
Teach SBIRT skills to General Surgery residents that will be used in trauma and emergency surgery situations.

Understand that the trauma/emergency surgery service is rife with opportunities for behavioral change because of the patient’s visceral reaction to his/her acute medical condition.

Improve and increase SBIRT practices.

Teaching Strategies
- Large group didactic lecture
- Individualized hands-on teaching with trained RN case managers
- Reading assignments
- Online course

Reinforcing SBIRT Strategies
A proposal to modify the Tertiary Form of the Electronic Health Record has been submitted and is pending approval. The revision will add an SBIRT checklist item to the form to ensure that all patients who present with a BAC > .8 are given a brief intervention.

References

The Committee on Trauma requires Level 1 trauma centers to have the means to identify patients with alcohol problems and provide brief interventions to injured patients with alcohol problems.

However, trauma department staff members have limited knowledge of brief alcohol interventions (Field et al., 2011).

UTHSCSA General Surgery residents spend approximately 14 months on trauma-related services and can greatly benefit from SBIRT training.