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Training Physicians in South Texas to Deliver SBIRT Practices: A Pre-Curricular Assessment

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BACKGROUND
Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the delivery of early interventions for persons at risk for substance use disorders. SBIRT can reduce substance use and decrease healthcare utilization and costs. Few physicians routinely incorporate SBIRT into clinical practice. Therefore, we initiated a training program, the SBIRT South Texas Area Residency Training (S-START), to promote SBIRT in clinical practice.

PROGRAM OBJECTIVE
Project S-START aims to improve knowledge, attitudes, and SBIRT practices in 539 resident physicians in six medical specialties over the next four years, with sustained curricular and clinical practices thereafter.

PROGRAM DESCRIPTION
Implementation of S-START curricula began in Spring 2009 in two residency programs: Pediatrics and Family Medicine. Training modules include: Cultural Competency; Medical Consequences; Screening; Brief Interventions; Referral to Treatment; Pharmacotherapy; Electronic Medical Records; and Administrative Issues. Recognizing that lectures alone rarely change physicians’ behaviors, S-START faculty developed diverse methods to promote higher-order active learning. Curricula include: skill-building workshops; online self-paced learning modules; video library; clinical pocket-card assignments; web-based repository of SBIRT resources; and clinical reminder systems. Core curricula are shared between specialties, with specialty-specific strategies identified for varying patient populations, clinical settings, and substances of abuse.

PROGRAM EVALUATION OUTCOME
Of 71 initial trainees, 25% were male, 34% were Hispanic, and 34% were white. Most (90%) reported previous lectures about alcohol problems. Pre-curriculum knowledge about SBIRT was low, with 32-51% correct responses on knowledge pretests. On the Alcohol Education Survey, residents reported high responsibility (92/100) to practice SBIRT, but rated their actual SBIRT practices (62/100) and their confidence about SBIRT (63/100) much lower. Overall, their attitudes were positive (87/100), and their readiness to do SBIRT was high (86/100).

CONCLUSIONS
At baseline, residents feel responsible, optimistic and ready to practice SBIRT. Curricular expansion and evaluation should capitalize on motivational enhancement of trainees’ positive
attitudes to insure training efficacy and generalizability, skills utilization, and curricular sustainability.