South Texas Resident Physician Education in SBIRT Practices: A New Curriculum

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BACKGROUND: Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to early interventions for persons at risk for substance use disorders. Substance abuse is one of the most important and ubiquitous public health issues confronting the world today. In the US, at least 18% of the population experiences a substance use disorder at some point in their lives, costing billions annually in health care and productivity costs. Substance abuse, particularly alcohol use, plays a key role in the top three causes of morbidity and mortality of adolescents and young adults – accidents, homicide and suicide. The link between substance abuse and trauma is reflected in accrediting agencies now requiring SBIRT practices in trauma care hospitals. The Joint Commission accrediting all hospital care is currently considering implementing SBIRT practice requirement more broadly. Because few medical residency training programs include SBIRT training and few physicians routinely incorporate SBIRT into clinical practice, we initiated a new multidisciplinary training curriculum, the SBIRT South Texas Area Residency Training (S-START) Project, funded by the Substance Abuse and Mental Health Services Administration. Our objective was to improve knowledge, attitudes, and SBIRT practices in 539 resident physicians in six medical specialties in a step-wise progression over a five year period while sustaining curricular and clinical practices in the training programs and subsequent community practice settings.

METHODS: Project S-START was instituted in 2009 with 108 residents in Family Medicine (FM) and Pediatrics residency training programs at the University of Texas Health Science Center at San Antonio. The Internal Medicine, Adult and Child Psychiatry, Ob-Gyn and Trauma Surgery in San Antonio are being added in 2010. The South Texas FM training program in McAllen, TX; nurse practitioner programs and military-based residency programs are also being added. The curriculum focuses on 8 SBIRT training modules to promote higher-order active learning through diverse teaching strategies, including formal didactics, independent study, discussion sessions, Blackboard modules, and pocket card tools and algorithms. Medical records changes were instituted to both cue and document SBIRT practices. A Project website includes both a password-protected curriculum area for residency training directors to access local and national resource materials, and a ‘public’ site with current substance abuse information and a searchable treatment resources directory.
Core curricula are shared between specialties and specialty-specific strategies are identified to suit diverse training settings, patient populations, clinical settings, and abused substances. Resident trainees complete a baseline *Alcohol Education Survey* (AES) knowledge and attitudes test incorporating the *Brief Substance Abuse Attitudes Survey*, which are then followed on an annual basis.

**RESULTS:** Of 108 initial FM and Pediatrics trainees, 30% were male, 31% were Hispanic, and 38% were white. Despite most (92%) reporting previous lectures about substance abuse, pre-test SBIRT knowledge was low, with 32-54% correct responses. On the AES, residents reported high responsibility (93/100) to practice SBIRT, but rated their actual SBIRT practices (63/100) and their confidence about SBIRT (64/100) much lower. Overall, their attitudes were positive (78/100), and their readiness to conduct SBIRT was high (86/100).

**CONCLUSIONS:** At baseline, residents’ knowledge was suboptimal, but they felt responsible, optimistic and ready to practice SBIRT. We are conducting retrospective and prospective chart reviews to determine SBIRT-related practice changes. Trainees will be followed for a 5 year period to document sustained SBIRT knowledge and practices in their post-training sites and practice settings.