The overall purpose of Project SBIRT (Screening, Brief Intervention, and Referral to Treatment)—South Texas Area Residency Training (S-START) is to expertly train a cadre of resident physicians, many of whom will continue to practice in the South Texas region, in SBIRT techniques to detect and manage patients with or at risk for substance use disorders. Prior to the initiation of SBIRT curricula in the residency departments, it was expected that residents would have negative attitudes towards and low knowledge of substance abuse in their patients. For medical residents, knowledge of how to screen and treat for substance use or abuse is very low (Stimmel, Cohen, Colliver, & Swartz, 2000). Medical residents tend to have negative attitudes towards patients with substance use or abuse problems, whether their views are burdened by personal values, idealistic beliefs regarding treatment, or etc. (Karam-Hage, Nerenberg, & Brower, 2001; Michels, Johnson, Hornung, & Updike, 1993). Even among a group of residents in the area of preventive medicine, only 32% of residents considered alcohol, tobacco, and other drug (ATOD) education a ‘high educational priority’ (Weintraub, Saitz, & Samet, 2003). More specifically, although tobacco was ranked fairly high as a preventive medicine topic, both alcohol and other drugs were ranked very low in importance. As years pass through postgraduate training, residents actually have increasingly negative attitudes towards patients with ATOD problems (Renner, 2004). Anecdotally, there has been a difference in attitudes in Project S-START between residents who are more primary care-oriented versus residents who are not. Project S-START evaluation staff has noted that residents who orient towards non-primary care tend to regard SBIRT training as irrelevant.

Although Project S-START is currently ongoing, a total of 273 residents have been engaged in the project, including the residents from the departments of Pediatrics, Family and Community Medicine, Obstetrics-Gynecology, Internal Medicine, Adult Psychiatry, and McAllen Family Medicine. For analysis purposes, residents were grouped in either a primary care physician-oriented specialization (PCP) or a non-PCP-oriented specialization. Prior to SBIRT training, residents were provided with a pre-test survey containing items regarding attitudes toward patients’ substance use, SBIRT knowledge, and current practice skills. A binary logistic regression was conducted to determine which attitude, knowledge, and practice variables are best at predicting membership of residents into either PCP or non-PCP groups.

Regression results indicated the overall model fit with all predictors was questionable (-2 Log Likelihood=301.789) but was statistically reliable in distinguishing between the two groups; $\chi^2=76.05$, $p<.0001$. The model correctly classified 71.8% of cases. However, odds ratios indicated that only slight changes in the likelihood of being in the non-PCP group.

This analysis shows that PCPs and non-PCPs may approach SBIRT differently. What was surprising was that although it seemed as if non-PCPs were less encouraged regarding SBIRT training, the analysis showed that they are more likely to have positive attitudes towards patients with substance problems. PCPs, however, are more likely to be optimistic about treatment of substance abusing patients. Renner (2004) defined the “clinician’s triad” for treating any medical problem as including sufficient knowledge, positive attitudes toward patients and treatment, and sense of responsibility for the problem. Physicians are in a prime position to
intervene with patients at-risk for or experiencing substance abuse problems, yet detection and intervention are infrequent for both youth and adult patients.