STFM 2010 Brief Intervention Lecture Discussion Submission

Biosketch of Person Submitting Abstract

Dr. Alexandra Loffredo received her M.D. from the University of Vermont College of Medicine and completed her residency at Hunterdon Medical Center Family Medicine Residency Program in Flemington, NJ. Dr. Loffredo holds a Texas Medical License and has been an Assistant Professor/Clinical in the Department of Family and Community Medicine at the University of Texas Health Science Center San Antonio since 2004. Dr. Loffredo is the residency program’s Associate Residency Director, and she teaches medical students during all four years of their training. Children’s health, practice management and curriculum development are some of her main areas of interest.

Title of Presentation:
Substance Abuse Screening in the Medical Home: A Residency Training Model

Abstract-125 words
SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, integrated, evidence-based, patient-centered approach to identifying and managing substance use problems. To encourage future family physicians to address substance abuse in their practices, we developed a curriculum to teach the SBIRT approach in our residency program. This presentation will review the substance abuse screening tools we teach residents, the clinically based learning activities associated with the curriculum, and the evaluation methods. The curriculum is taught within the structure of the Patient Centered Medical Home, integrating the screening tools and educational activities with day-to-day clinical care of resident continuity patients in the ambulatory and inpatient settings.

Behavioral Objectives for the Session
By the end of this session you will be able to:
- Define the components of the “SBIRT” technique for use in medical management of substance abuse
- List key substance abuse screening tools and the appropriate target patient populations for each tool
- Describe components of one curriculum to teach family medicine residents about substance abuse screening

Background and Knowledge Gap- 5000 characters
Substance abuse and misuse in adults and adolescents pose a serious health problem. According to the National Institute of Health, as many as 25% of the deaths each year in the United States are related to alcohol, tobacco, or other drug use. Over two million hospitalizations and over four million emergency room visits are alcohol-related. Early substance use in life is predictive of addiction later in life. Among the 25 United States Preventative Services Task Force (USPSTF)-recommended preventative services studied, alcohol screening and counseling is one of the highest ranking cost-effective preventative services.

However, physicians do not identify and intervene with substance use disorders for a variety of reasons including lack of time, lack of adequate training, and organizational barriers like lack of administrative support. Research has consistently shown that training to increase physicians’ and other providers’ knowledge and skills in addressing alcohol issues is effective, and chances of interventions by health care providers are greater after training.

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an approach to delivering an array of early detection, intervention, and treatment services to patients in general medical care settings. The validated SBIRT methods target those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.
Family physicians are in an important position to screen and intervene with patients at risk for or experiencing substance abuse problems, yet detection and intervention remain infrequently and inconsistently employed in patient care. If SBIRT skills are not taught and practiced during residency, physicians complete training without the experience and confidence to apply this standard of care with their own patients, and our future family physicians go into practice ill equipped to deal with one of the leading causes of morbidity and mortality in this country.

**Substance of the Presentation**
SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, integrated, evidence-based approach to the identification, intervention and referral for treatment services for individuals with substance use problems. During this session we will describe our residency program’s new curriculum, focusing on how we teach the screening component of SBIRT. During the interactive lecture component of the session, we will introduce different screening tools that have been validated in various patient populations, including the CAGE, CAGE-AID, CRAFFT, TACE and ASSIST, and discuss the environments in which these tools can be used most effectively. The lecture will review the key components of the residency curriculum, including the goals and objectives, the educational methods, and the learning activities and clinical assignments that become part of the residents’ learning portfolios. We will also discuss the methods we developed to evaluate the curriculum and present some early results of the initial evaluation.

The session will also include a hands-on activity to demonstrate how we teach the World Health Organization’s ASSIST screening tool in the curriculum. We will show a brief video clip of a doctor-patient interview about substance abuse. Audience members will each be given a copy of the ASSIST screening tool to use to “score” the level of risk the patient has for substance abuse. We will then discuss with audience members’ their scores, the reasons for variance, and how to interpret them.

**Teaching Methods**
A number of teaching methods will be involved in this session:
1. Traditional interactive lecture presentation using powerpoint slides to introduce curriculum elements
2. Movie clips demonstrating the use of various substance abuse screening tools
3. Hands on opportunity to practice one of the screening tools

We will involve participants in this session by:
1. Asking them to raise their hands if they have implemented substance abuse screening curricula in their programs during the Introduction.
2. Encouraging them to ask questions throughout the presentation and after the brief lecture component.
3. Having them complete, or “score”, a validated substance abuse screening tool based on a video clip of a doctor-patient interaction and then discuss the participants’ results and the possible reasons for variations in individual participants’ scores.

**Format Justification**
The Lecture-Discussion session provides the optimal format for this interactive presentation with a hands-on activity the audience will participate in, which is designed to illustrate some of the teaching modalities used as part of the curriculum.

**Timeline**
15 minutes: Interactive Presentation
   --Introductions
   --Review objectives
   --Describe basic concepts of substance abuse screening and the SBIRT methods
   --Describe the components of the residency curriculum on substance abuse screening
   --Describe early curriculum evaluation results

10 minutes: Interactive Hands-On Activity
--View a video clip of a doctor-patient interaction and use a validated screening tool to assess the level of risk for substance abuse the patient has

20 minutes: facilitated large group discussion
--Audience discussion of scores obtained during hands on activity
--Audience questions
--Program feedback