Training Physicians in South Texas to Deliver SBIRT Practices

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PROBLEM
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. Brief interventions in primary care are effective in reducing misuse of alcohol in people ages 17 to 70, both men and women. Based on the evidence, the U.S. Preventive Services Task Force wrote a recommendation statement supporting the use of brief interventions in adult primary care. However, few physicians routinely incorporate SBIRT into clinical practice. Therefore, we initiated a training program with funding from SAMHSA, the SBIRT South Texas Area Residency Training (S-START), to promote SBIRT in medical residency programs.

METHODS
Project S-START aims to improve knowledge, attitudes, and SBIRT practices in 539 resident physicians in five medical specialties over the next four years, with sustained curricular and clinical practices thereafter. Implementation of S-START curricula began in Spring 2009 in two residency programs in San Antonio, Texas: Family Medicine and Pediatrics. In Project Year 2, four additional residency programs will join the effort: Medicine, Ob-Gyn, Psychiatry, and Family Medicine in McAllen, Texas. 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; inpatient pocket-card assignments; web-based repository of SBIRT resources; and SBIRT medical record templates. Faculty are sharing core curricula between specialties, and developing specialty-specific strategies for varying patient populations, clinical settings, and substances of abuse. An evaluation team is assessing changes in knowledge, attitudes, and behaviors annually for three years.

OUTCOMES
In 2009, 91 residents and 17 faculty in two residency programs participated in skills workshops addressing Screening and Brief Interventions. Additional module workshops are scheduled throughout the year, supplemented by new rotation-based portfolio assignments to build SBIRT skills and knowledge. The evaluation team completed pre-test and immediate post-test assessments of knowledge and attitudes. They are currently addressing SBIRT behaviors via chart reviews. One-year post-tests are scheduled for June 2010.
IMPLICATIONS
Project S-START seeks to develop an evidence-based SBIRT curriculum that will be accepted and used institution-wide, and sustained over the long term. Trainees who are exposed to the SBIRT model and increase their self-efficacy in its practice are more likely to transfer acquired skills to their next practice setting.

REFERENCES


SHORT ABSTRACT
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. We initiated a training program, the SBIRT South Texas Area Residency Training (S-START), to improve knowledge, attitudes, and SBIRT practices in resident physicians in five medical specialties. Implementation began in Spring 2009 with 91 Family Medicine and Pediatrics residents. Using diverse teaching methods to promote higher-order active learning, S-START faculty are delivering eight modules of SBIRT curricula. The evaluation team is assessing changes in knowledge, attitudes, and behaviors annually for three years. Trainees who are exposed to the SBIRT model and increase their self-efficacy in its practice are more likely to transfer acquired skills to their next practice setting.