



Interprofessional Approaches to Integrating SBIRT into Students' Clinical Experiences

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University of Missouri-Kansas City (UMKC) SBIRT

- SAMHSA SBIRT Health Professions Training grant (9/1/13 – 8/31/16)
- Develop a sustainable SBIRT training program through student, faculty, clinical preceptor, and community dissemination.



Students Trained (Year 2 of 3)

Program	Students Trained
BSN (Pre-licensure and accelerated tracks)	193
MSN Psychiatric Mental Health Nurse Practitioner - distance	22
DNP Family Nurse Practitioner Adult-Gerontology Primary Care Nurse Practitioner Women's Health Nurse Practitioner - distance Pediatric Nurse Practitioner – distance	99
MSW (generalist program)	87

UMKC SBIRT Curriculum

Didactics

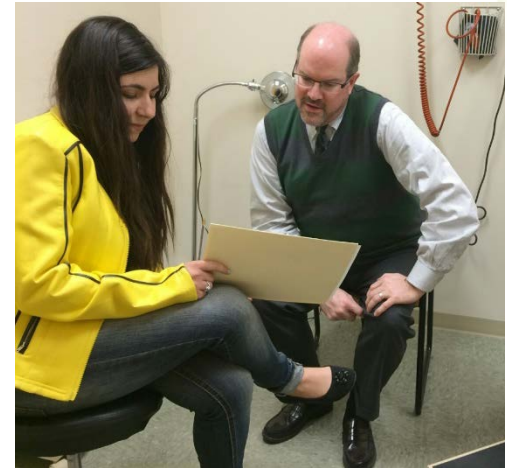
- Five modules
 - What Is SBIRT and Why Use It?
 - Screening for Substance Use
 - Motivational Interviewing: Key Communication Skills for Delivering a Brief Intervention
 - Delivering a Brief Intervention
 - Referral to Treatment

Role Plays

- Role plays with classmates and debriefing

Standardized Patients

- Practice brief intervention with two standardized patient cases
- Sessions audio-taped and rated for competency using the Brief Intervention Observation Sheet (BIOS)



SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use



- sbirt.care or www.healthknowledge.org
- 4-hour, self-paced, FREE
- CNE, NASW, CHES, NAADAC, NBCC units
- Developed using Articulate/Storyline software

Videos posted at: <https://vimeo.com/album/3507664>

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SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use

This video series is part of an online course, SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use. It features four videos, including brief interventions for patients in the Risky, Harmful, and Severe Zones and a clinician testimonial about the importance of universal screening for substance use. To register for this free course, visit healthknowledge.org.

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Brief Intervention for a Patient in the Severe Zone

Risk Zones

Severe
Harmful
Risky
Low Risk or Abstain

UMKC SBIRT

Brief Intervention for a Patient in the Sev...
1 month ago

Ask the Questions: A Case Study Illustrating the Importance of Universal Screening for Substance Use

Risk Zones

Severe
Harmful
Risky
Low Risk or Abstain

UMKC SBIRT

Ask the Questions: A Case Study Illustrati...
1 month ago

Brief Intervention for a Patient in the Risky Zone

Risk Zones

Severe
Harmful
Risky
Low Risk or Abstain

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Brief Intervention for a Patient in the Harmful Zone

Risk Zones

Severe
Harmful
Risky
Low Risk or Abstain

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Variation in Clinical Experiences & Clinical Preceptors/Field Instructors

- BSN – Adult Health II course clinical rotations
 - 6 clinical sites, hospital inpatient settings
 - UMKC Clinical Instructors supervise students
 - Trained 10 faculty and clinical instructors
- NP – Clinical rotations
 - Students choose clinical rotations in Kansas City or around the US
 - Unpaid clinical preceptors supervise students
 - Trained 12 faculty and 35 KC area clinical preceptors

Variation in Clinical Experiences & Clinical Preceptors/Field Instructors

- MSW – Field placements
 - Students choose field placements in Kansas City Metro area
 - Unpaid Field Instructors supervise students
 - Clinical and non-clinical settings
 - Trained 9 faculty and 50 field instructors

Getting Students to Practice SBIRT During Clinical Experiences

- Implementation packets to students
 - Screening forms
 - Provider card with BNI steps
 - Patient education handouts
 - Brief Intervention Observation Scale
- Offered course points for completion
- Negotiated to allow students supervised by un(SBIRT)trained preceptors/field instructors to self-assess their competency



Measuring Competence

- Brief Intervention Observation Scale
(adapted: Oregon Brief Observation Sheet)
 - Sum of 10 items assessing completion of steps of the brief intervention, rated yes/no
 - 1 item assessing overall motivational style used during the brief intervention, rated on a scale from 1 = Not at All, to 7 = Very Effectively

Students Completing SBIRT Clinical Experience (Spring & Summer, 2015)

Cohort	Completion
BSN	60% (55/92)*
NP (PMHNP & WHNP)	86% (18/21)
MSW	57% (36/63)
Total Students	62% (109/176)

Supervised versus Self-Evaluation

Cohort	Supervised	Self-Evaluation
BSN (n=55)	88%	12%
NP (PMHNP & WHNP; n = 18)	11%	89%
MSW (n=36)	17%	83%
Total Students (n=109)	50%	50%

Competency Scores by Cohort

Cohort	Total Score* M (SD)	MI Style** M (SD)
BSN	9.4 (1.46)	6.4 (0.85) ^a
NP (PMHNP & WHNP)	8.9 (1.51)	5.7 (0.69) ^b
MSW	9.3 (1.53)	5.7 (1.09) ^b
Total Students	9.3 (1.49)	6.0 (0.98)

*Total score of 10 BI components

** MI Style scale 1-7

^{a,b} p=.003

Competency Scores by Supervised/Self-Evaluation

Cohort	Total Score* M (SD)	MI Style** M (SD)
Supervised	9.5 (1.24)	6.4 (0.63) ^a
Self-Evaluation	9.1 (1.60)	5.6 (1.00) ^b
Total Students	9.3 (1.45)	6.0 (0.93)

*Total score of 10 BI components

** MI Style scale 1-7

^{a,b} $p < .001$

Challenges/Opportunities – Clinical Sites/Field Placements

- BSN clinical sites
 - Offered general staff training on SBIRT
 - 2 of the 6 hospitals declined to have students practice SBIRT
 - Not standard practice for nurses
 - Concerns about “research”
 - Concerns about patient satisfaction scores decreasing

Challenges/Opportunities – Clinical Sites/Field Placements

- MSW field placements
 - Several FQHCs, behavioral health centers (CMHCs), and nonprofit agencies were excited for staff to receive SBIRT training and have trained students.
 - Have to show implementation of SBIRT as part of federal RFP's
 - Involving preceptors in training and student supervision has been mechanism for agency-wide interest and adoption of SBIRT
 - School-based clinic reported SBIRT helpful in working with high school students (see 15-25/month); “opened up conversations in a way they never experienced before.”
Very easy to do the brief interventions.

Challenges/Opportunities – Clinical Preceptors/Field Instructors

- BSN Clinical Instructors
 - “The students didn’t have any problem talking about substance use”.
 - “This is a valuable tool.”
- NP Clinical preceptors
 - NP students practice at self-selected clinical sites nationally; how do we reach their preceptors?
 - NP preceptors are unpaid
- Social work field instructors
 - More receptive to SBIRT training – higher participation rates
- Plan to use online course as method to train preceptors nationally

Student Feedback about SBIRT Training & Practice (30-day follow-up)

- “It is simple, short, and fits well into the assessment I'm already required to do annually with clients.”
- “It was a new skill and I did not know how to approach the conversation prior to the training.”
- “How effective it is at getting the conversation going & explain it to the patients easier.”
- “I like the process of completing and scripting. Before I wasn't ever sure of what to say and when to say it.”
- “Honestly it was more getting in the way.”
- “It is hard to ask patients about drug and alcohol use during initial assessment.”

Next Steps

- Market online course to preceptors to increase training opportunities/interest
 - Course offers free CE
- Develop strategies for training online preceptors to supervise SBIRT
 - Currently use recorded webinar & coaching for clinical instructors
 - Develop online module for assessing competency
- Continue offering training to local clinical sites
- Assist with implementation efforts where there is interest

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