Comfort and Beliefs Around SBIRT and Sexual Risk Screening Among U.S. Trauma Surgery Providers

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Background

- **U.S. surgical trauma centers must implement screening, brief intervention, and referral to treatment (SBIRT) services for alcohol-related injuries**
- **Injuries are also related to other substance use**
- **Little is known on measuring surgical trauma provider (MD, DO, NP, PA) and trainee comfort and attitudes toward providing SBIRT services**
- **Substance use-related sexual behavior may be an underrecognized dimension of risky use**

Materials and Methods

- **One-hour didactic on SBIRT**
- **Pre- and post-didactic survey (n = 16)**
- **Self-assessment of comfort providing SBIRT, substance use-related sexual behaviors**
- **Paired descriptive statistics (n = 5)**
- **One-hour qualitative interviews (n = 2)**
- **Thematic qualitative analysis**

Sample Survey Items

- **Adapted from Calleja et al**
- **Beliefs:**
- Most individuals who are addicted to substances will discuss their use with a healthcare professional such as yourself.
- Trauma providers such as physicians, advanced practitioners, and trainees should be trained in substance addiction.
- **Comfort:**
- How comfortable do you feel assessing patients for survival sex, such as exchanging sex for drugs or money?
- How comfortable do you feel utilizing rapport building and/or counseling skills to explore questions or concerns about substance use with patients?

Surgical trauma providers have **strong belief and interest** in substance use as a critical issue.

Yet, they are a **difficult** group to reach for SBIRT training with **limited time** despite **potentially less comfort as a trainee**.

Medical school SBIRT training **may not be enough**.

They also have **less comfort** with **discussing sexual behavior as part of substance use**, like chemsex or transactional sex.

Quotes

- Trauma surgeon B: *"That's kind of, I've just done [SBI] enough to where I don't worry about that much anymore."*
- Trauma surgeon A: *"Repetition [of training], I think, is important. It doesn't let it slip away from our minds."*
- Trauma surgeon B: *"I think [the trainees are] pretty pretty comfortable with it. I think at first they are not and then as they see over time, you know they learn about it."*

The Details

- **Sample size was small so observations may be potentially spurious**
- **Results suggest that trauma surgeons are more likely to "Strongly Disagree" that addicted individuals do NOT want to stop using; N=16. p=.025**
- **Comfort in assessing for substance use in general was higher among surgeons (66%) compared to trainees (33%)**
- **SBIRT in medical school: Trainees (45%) and surgeons (0%)**
- **Didactic was well received and people liked that it was interactive**

Future Recommendations

- **Participation was too low to demonstrate with certainty whether the didactic was effective so higher participation with increased incentives or immediate post-training survey collection is likely necessary**
- **Higher volume (multi-site) recommended**
- **SBIRT training may be needed frequently to increase comfort especially for sexual health domains**
- **Even if the trauma surgery providers are not performing SBIRT, there could be clarity around team roles and documentation**
- **Training should be bite-sized to accommodate the reality of trauma surgery**
- **Consider visual aids/tools/scripts**
- **Further study should explore attending trauma surgeons' and trainees' perceptions of comfort and training with assessing substance use and sexual behaviors**

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Calleja NG, Rodems, E, Groh CJ, Baiardi J, Loewen J, Kaiser RJ. (2020) Differences in Substance Use-Related Attitudes across Behavioral and Primary Health Trainees: A Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training Investigation, Alcoholism Treatment Quarterly, 38:1, 106-125,

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