Measuring SBIRT Knowledge, Retention, and Proficiency

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Objectives

1. Describe a conceptual model for effective SBIRT training;

2. Provide examples of how each model component can be applied in your SBIRT training program.

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The SBIRT Training Domains Include:

Awareness   **Knowledge**   **Skill**   **Retention**

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Ultimately, when we target potential SBIRT users, our goal is that they would be part of a healthcare process that consistently provides evidence-based SBIRT services to each patient that it serves.

What: Awareness

- **Provide CONTEXT**

- **BEGIN TO change attitudes/beliefs**

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How: Awareness

- **Keep it BRIEF**
- **Consider WHAT would be persuasive for YOUR AUDIENCE**
- **Determine HOW can you best be persuasive (marketing)**
- **CHANGE your message over time as awareness changes**

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Evaluation: Awareness

- **Provide pre/post tests**

- **Evaluate predicted changes in attitudes/beliefs**

- **Evaluate whether 'ASK' continues to move forward in targeted system**

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There is typically a weak association between awareness and knowledge.

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"We don't know what we don't first BELIEVE."

- G. Shank

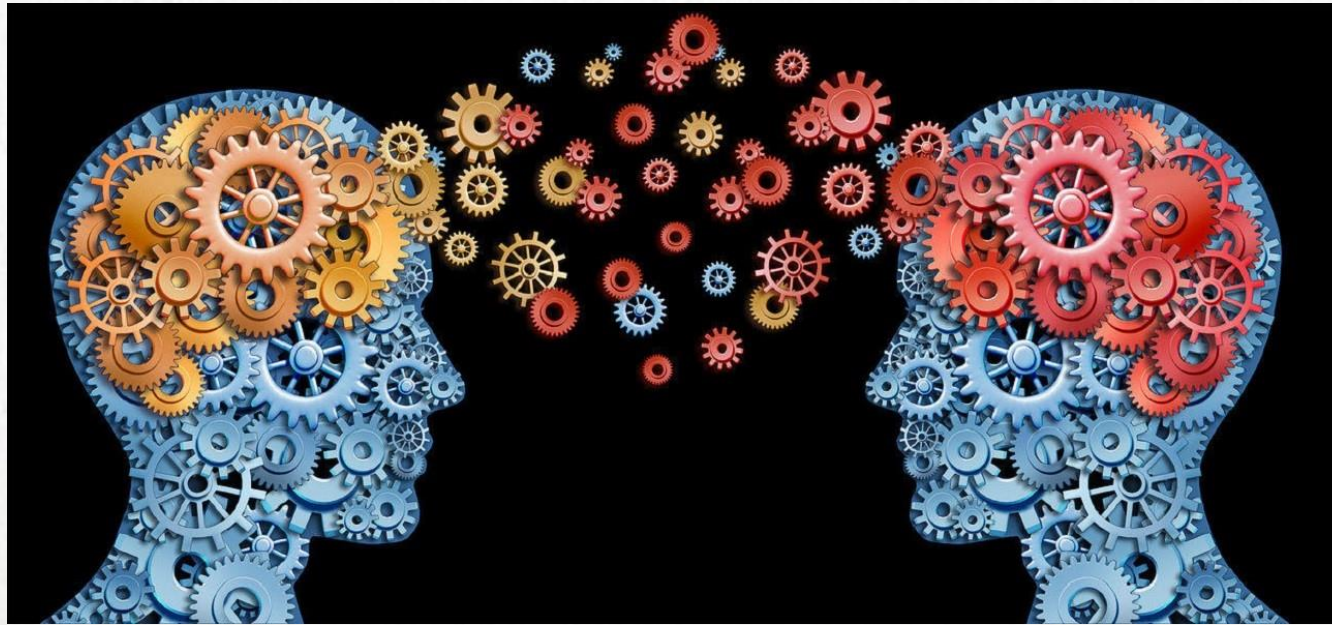Janice L. Pringle, PhD, Director©2014

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What: Knowledge

"The state of UNDERSTANDING a topic area."

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Knowledge on a Continuum
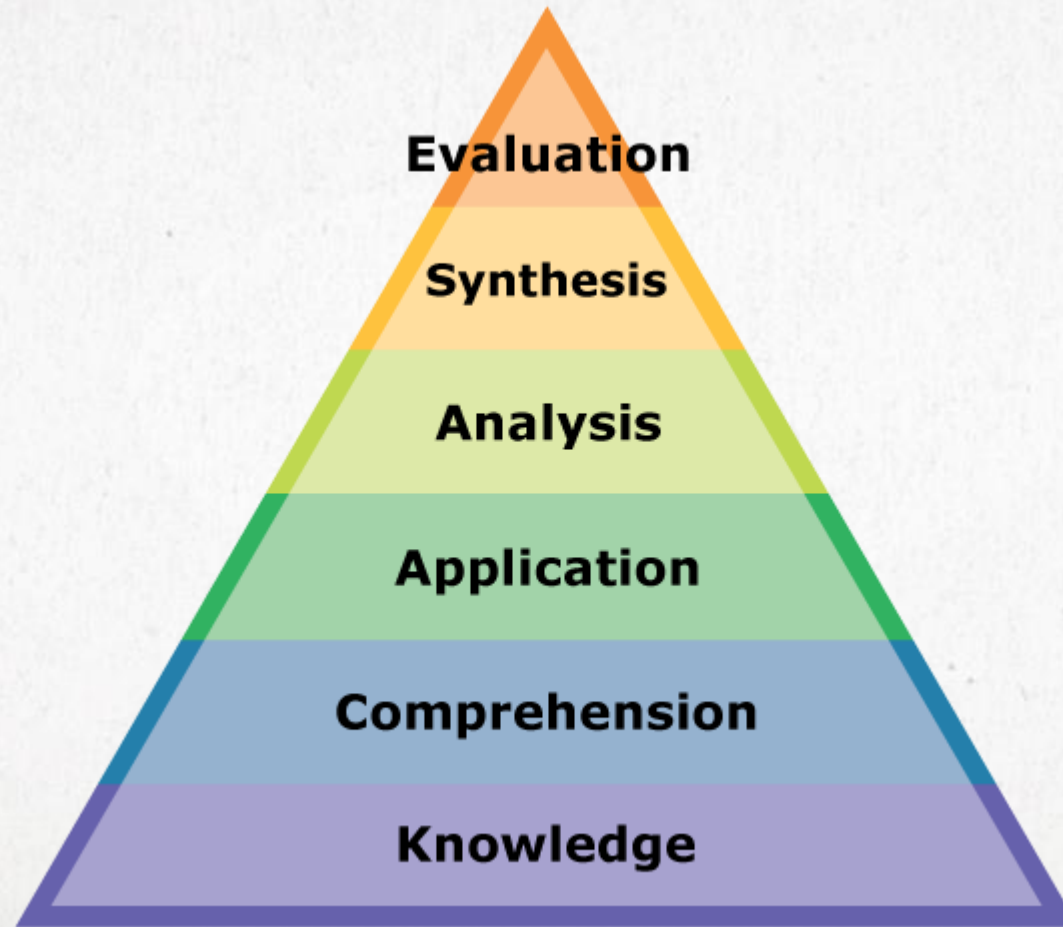## Blooms Taxonomy

Why: Knowledge

Provides framework upon which confident mastery is built.

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Why: Knowledge

How: Knowledge

- Go **LIGHTLY** (Millennials are easily bored):
  - ➤ Support **GRADUAL** changes in beliefs/attitudes
  - ➤ Use **SELF-DIRECTED** learning approaches
- Understand that new knowledge is built **OVER TIME**
- Select your knowledge objectives using a taxonomy **(PHASING)**

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How: Knowledge

- **Use situated and adult learning principles**

- **Aim for 100% of <u>Learners</u> achieving 100% of <u>Intended Objectives</u>**

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Evaluation: Knowledge

- **Pre/Post Tests**
- **Further Changes in Attitudes/Beliefs/Percei ved Competency**
- **Case Applications**

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What: Skill

"Skill refers to the ability to USE knowledge and MASTER it's application."

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Why: Skill

"Skills demonstrate knowledge in action."

"Patients are often the best teachers."

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How: Skill

- **Ensure Evidence Based**
- **Assess Proficiency**
- **Prevent Decay Via Ongoing Support**
- **Use Situated Learning Principles**
- **Base Within Adult Learning Methods**
- **Reinforce "Comfort Zone" Process**

Barriers to Skill Acquisition

- Lack of confidence can **BEGIN** and **END** the conversation with a patient;

- Lack of peer or leadership support for SBIRT process;

- No reimbursement for SBIRT services;

- Getting stuck with a patient and not knowing how to proceed;

- Uncertain doing any good;

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Barriers to Skill Acquisition, cont.

- Not having specialty services to which to refer a patient;

- Not realizing skill acquisition is an ongoing process;

- Not having a resource for enhancing skill development;

- Having a personal experience (directly or indirectly);

- Not fully understanding the SBIRT model; and

- Not understanding recovery process.

Evaluation: Skill

- **Proficiency Checklists with Observations - Used with Patients, Role Play, OSCE, etc. (Fidelity)**

- **Self-reported Measures of Use and Perceived Competency (Frequency)**

- **EHR and Claims Review (Frequency)**

- **Patient Feedback Surveys (Some Fidelity/Frequency)**

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What: Skill Retention

"Clinical Skills are EFFECTIVELY and CONSISTENTLY Applied to Each Patient in Any Relevant Setting."

Strategies for Supporting SBIRT Skill Retention

1. Provide training on how to implement SBIRT within an ambivalent environment;

2. Provide referral process guides;

3. Support efforts to reimburse for SBIRT services;

4. Provide "Booster Sessions";

5. Provide continuing education credits;

6. Address learner health (alcohol use) behaviors head on;

Strategies for Supporting SBIRT Skill Retention, cont.

7. Engage and sustain leadership/champion support;

8. Demonstrate SBIRT reduces costs or disincentives;

9. Nurture a critical mass of SBIRT involved professionals (Tipping Point);

10. Include SBIRT in grand rounds/journal clubs;

11. Groom learners to become trainers;

12. Look for "Leverage Points" where SBIRT meets healthcare reform goals/activities.

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Average Learning Retention Rates

Lecture	5%
Reading	10%
Audio/Visual	20%
Demonstration	30%
Discussion Group	50%
Practice by Doing	75%
Teaching Others	90%
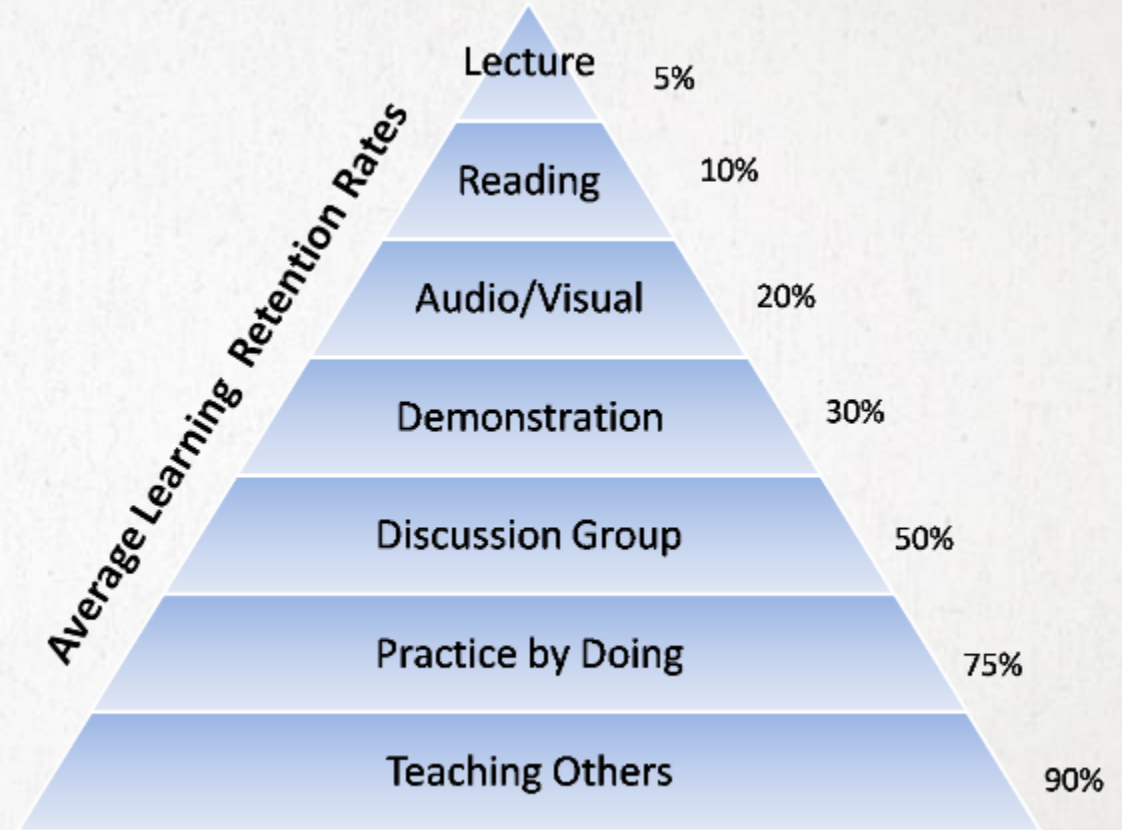
Source: National Training Laboratories

Remember:

- **Greater the confidence and measured proficiency AFTER the training = less likely to need support to BEGIN the process;**

- **People learn best OUTSIDE their comfort zone.**

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Remember:

- **Learners will retain skills when they can practice them *in situ* under the guidance of a teacher;**

- **Application via 28 patients WITH GUIDANCE = STABLE Proficiency**

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Remember:

- **Training programs should be adaptive to the learners and their environment;**

- **Continuously improve your trainings so they may become highly individualized.**

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Evaluate · Plan · Adaptive Learning Cycle · Monitor · Do
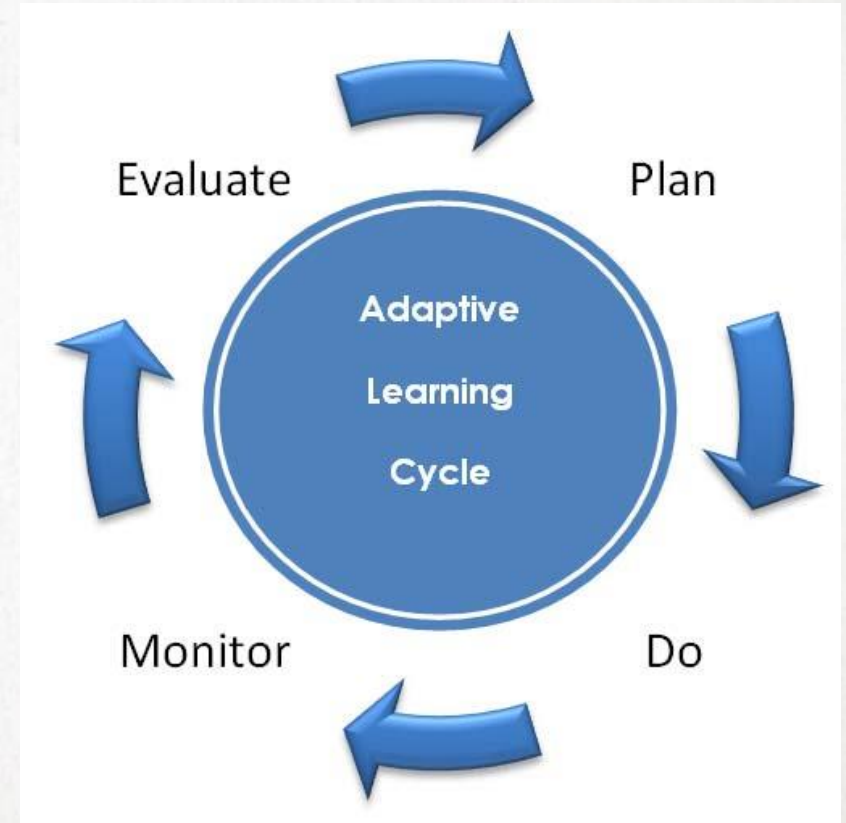
General Principles For Developing a Curriculum

Develop a Curricular Matrix:

1. Knowledge Objectives
2. Skill Targets
3. Evidence Base for Each
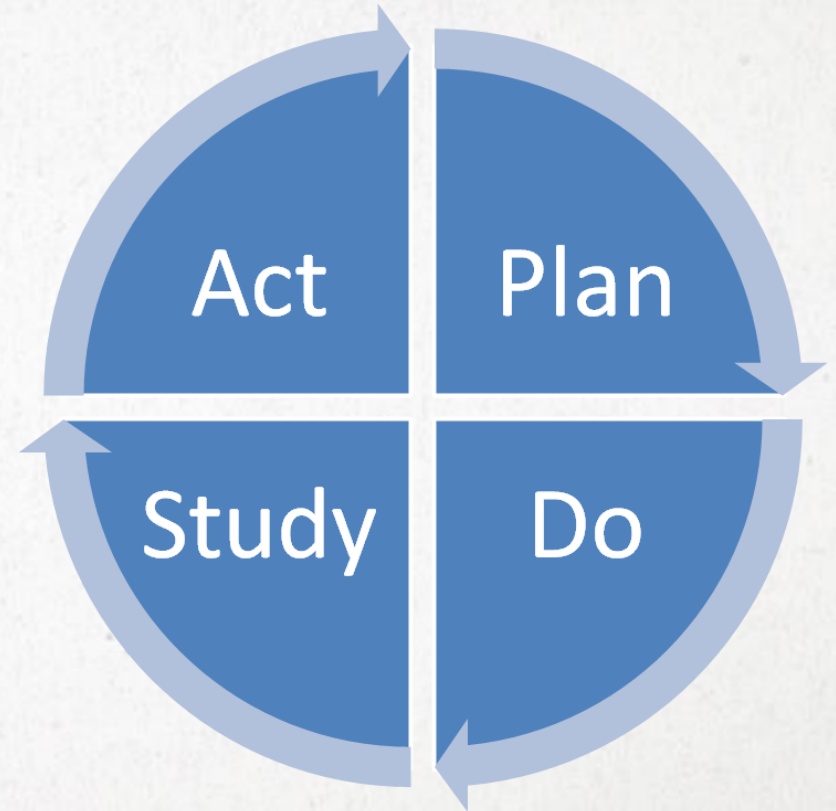4. Learning Phases
5. Evaluation Plan

General Principles

1. Use a **Quality Improvement Process:**

   • **Assess Satisfaction with the Learning Process**

   • **Use the PDSA Approach**

   • **Track Your Learnings**

2. **Apply research to generate more understanding of how to improve training outcomes.**

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General Principles

Retention:

- 2 - 3% of Learners Will Retain SBIRT Skills Regardless;

- 8 - 12% of Learners Require SOME Support;

- The Rest (85 – 90%) of Learners Require MUCH MORE Support.

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Determine Your Vision

"Ex. Every Learner will be able to Confidently and Effectively Apply the Appropriate SBIRT Skills to Each He/She Serves."

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