



Acknowledgements

This project was supported by the Health Resources and Services Administration (HRSA) of the U. S. Department of Health and Human Services (DHHS) under grant Do9HP25025-03. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, DHHS, or the U.S. Government.





Project Team

• Ann M. Mitchell, PhD, RN, FAAN Project Director

John O'Donnell, DrPH, CRNA Project Manager

• Kathy Puskar, DrPH, RN, FAAN Faculty Expert

• Michael Neft, DNP, RN Faculty Expert

Holly Hagle, PhD Director of Training

Dawn Lindsay, PhD
 Project Evaluator

Martin Houze, PhD
 Project Statistician

Lynn Boucek, MSN, RN
 Project Assistant

• Emily Knapp Project Coordinator

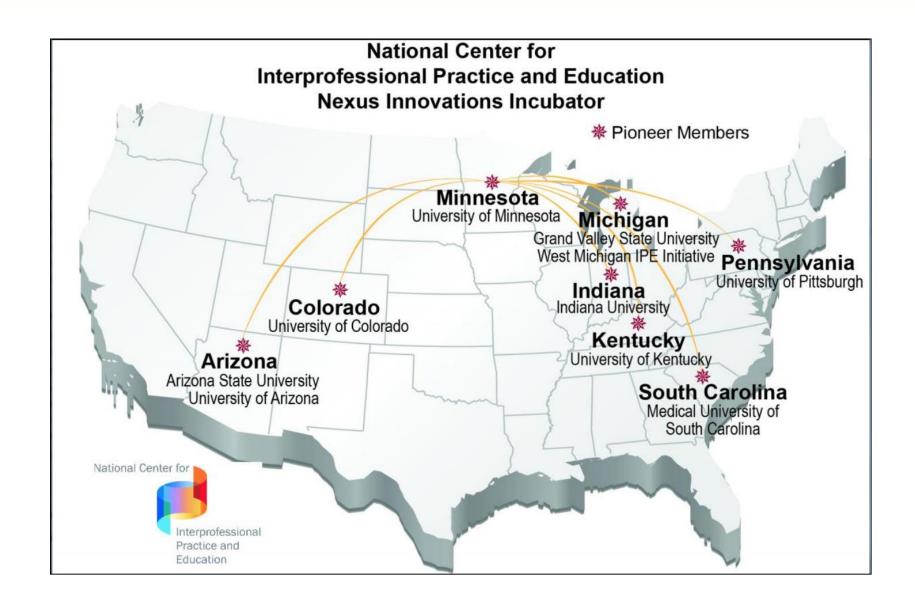


Presentation Aim:

- Provide an overview of the educational and skill-building program
- Discuss outcomes on participants' attitudes related to confidence and competence for working with patients who use alcohol, tobacco, and other drugs

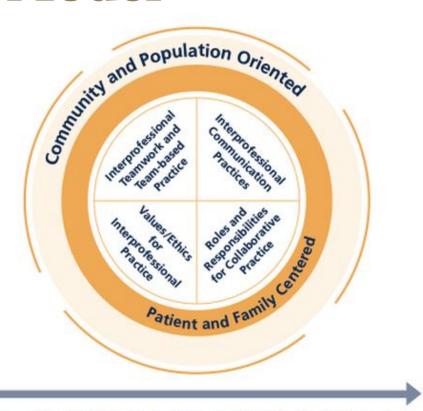








Interprofessional Collaborative Practice Model



The Learning Continuum pre-licensure through practice trajectory

Source: Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for Interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative



Interprofessional Education: Interprofessional Collaborative Practice (IPCP)

- Based on the Institute of Medicine (IOM) recommendations
- The goal of this interprofessional learning is to prepare all health professions students for deliberatively working together with the common goal of building a safer and better patient-centered and community or population oriented U.S. health care system
- The connection between SBIRT and IPCP → engaging in relationships for patient-centered care



Worldwide Significance

- Alcohol and other drug misuse is an enormous public health burden
- Globally, harmful use of alcohol causes approximately 3.3 million deaths every year (about 6% of all deaths)
- About 5% of global burden of disease is attributable to alcohol consumption
- Causal relationship between alcohol consumption and more than 200 health conditions

Significance in United States

- Over 23 million persons aged 12 or older needed treatment for an alcohol or other drug related problem in 2008, yet only 2.3% received treatment (SAMHSA, 2011).
- Negative social attitudes about the use of alcohol and illicit drugs make substance use one of the most complex public health issues (Healthy People 2020)
- 19 million people were in need of but did not receive specialty treatment for alcohol or drug problems
 - Cost of excessive Drinking in U.S. was \$ 223.5 Billion
 - Cost of illicit Drug Use in U.S. was \$193 Billion

Significance to Profession

- Drug-Drug Interactions: Risk of interactions between drugs dentists prescribe and the drugs or alcohol some patients consume
- Number of prescriptions: More than half (55.3%) of those who use prescription drugs for non-medical purposes get the drugs from a family member or friend
- Significant link between oral health and substance use disorders
 - heavy drinking is associated with 75% of esophageal cancers
 - heavy drinking is associated with 50% of mouth, larynx, and pharynx cancers
 - increased risk of cancer if the person who is drinking also smokes
 - methamphetamine epidemic and "meth mouth"



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Public health model designed to provide universal screening
- Secondary prevention: detecting risky or hazardous substance use before the onset of abuse or dependence
- Early intervention and treatment for individuals who have more severe problematic use



SBIRT is recommended by:

- The US Preventive Services Task Force
 - as part of universal screening in all health visits
- Department of Veterans Affairs/Department of Defense
- The Joint Commission
- American College of Obstetricians and Gynecologists
- The American College of Surgeons Committee on Trauma Accreditation Standards
 - for Level I and Level II trauma centers



Screening

Involves the use of validated screening instruments:

Alcohol and/or drug abuse screening tools

- Alcohol Use Disorders Identification Test (AUDIT)
 - 10 question screen that identifies hazardous drinking, harmful use and alcohol dependency
- The Drug Abuse Screening Test (DAST)
 - 10 question screen for drug use



Early and Brief Intervention

- For those not ready to change:
 - May increase motivation
- For those ready to change:
 - Provides advice on appropriate goals and strategies
 - Provides support
- Outcome goals include:
 - Reduction or cessation of use (even temporary)
 - Harm reduction
 - Beginning to think about reduction
 - Agreeing to accept referral



Referral to Treatment

- Only if patient is screened into a high risk user category
- Referral that patient is most likely to utilize



Methods

University of Pittsburgh partnered with:

- Institute for Research, Education, and Training in Addictions (IRETA)
- School of Nursing
- School of Dentistry

Training

- 1.5 hours of didactic instruction
- Online booster sessions
- Simulation at The Peter Winter Institute for Simulation, Education, and Research (WISER)
- Interprofessional case conferences



Participants (n=296)

	SRNA Students	Dental Students/Residents	Dental Hygiene Students	TOTAL
Gender (% Female)	73%	42%	100%	65%
Race (%)				
White	88%	77%	94%	84%
Black	5%	2%	0%	3%
Asian	4%	20%	2%	10%
More than one race	2%	0.5%	2%	2%
Unknown	1%	0.5%	2%	1%
Mean Age (SD)	28.8 (5.0)	25.9 (3.4)	21.6 (2.7)	26.5 (2.7)



Sim "Wars" Meets SBIRT Experience

Scenario:

- <u>Elderly Church Organist vs. Dodge</u>
 - Level 1Trauma Call to ED
- Patient: 75-year-old male unrestrained driver of an 88 Dodge failed to stop at traffic light; Pick-up truck into passenger side of Dodge at approximately 40 mph.
- Patient awake wants his eye glasses c/o some abdominal discomfort, questionable alcohol on breathe. Awake, breathing spontaneously with bilateral breathe sounds. BP 155/100, HR 90, RR 28.



Simulation "Wars" Student Data

Turning Point

- Audience Response Data
- Teams rated on 1-5 scale
 - -1 = Novice
 - 2 = Minimally competent
 - 3 = Moderately competent
 - 4 = Highly competent
 - -5 = Expert





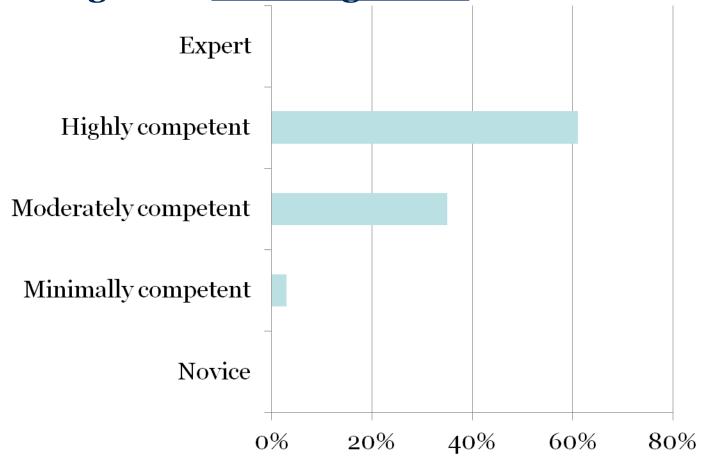
Sim"Wars" Turning Point Data

,	Assessment Point	
1.	Performance of primary survey	Airway, Breathing, Circulation, Disability, Events
1.	Performance of secondary survey	Allergy, Meds, PMHx, Last meal, Events
1.	Planning and Implementation	The assignment of roles and goals worked for the team. The team was able to make new plans as conditions changed. Problems were identified and treated; actions were taken with consideration of other ongoing problems
1.	Teamwork	The team demonstrated situational awareness and monitoring, mutual support, everyone had an assigned role and was engaged Decisions were made in a timely manner and were appropriate
1.	Communication	Closures of loops, SBAR, clarity, one at a time
1.	Global score (includes safety skills)	Overall Effectiveness of the Performance Appropriate Safety skills were demonstrated, including: management of sharps, blood and body fluid precautions, patient safety interventions



Sim "Wars" Turning Point Data (n=36)

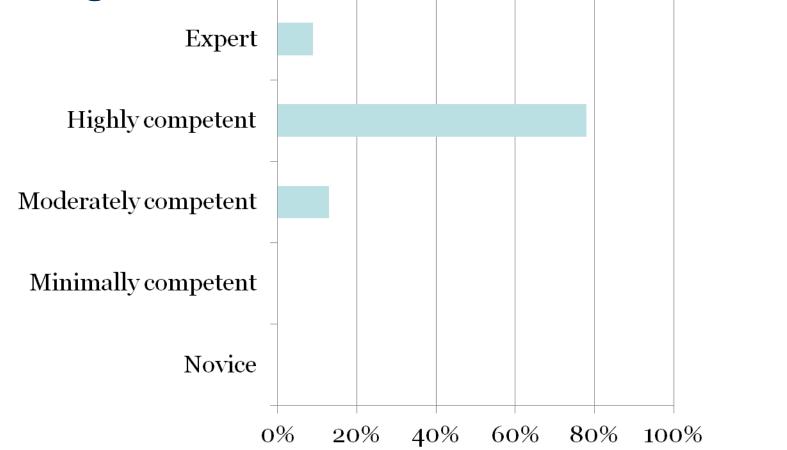
Turning Point Planning Score for Student Team:





Sim "Wars" Turning Point Data (n=36)

Turning Point Teamwork Score for Student Team

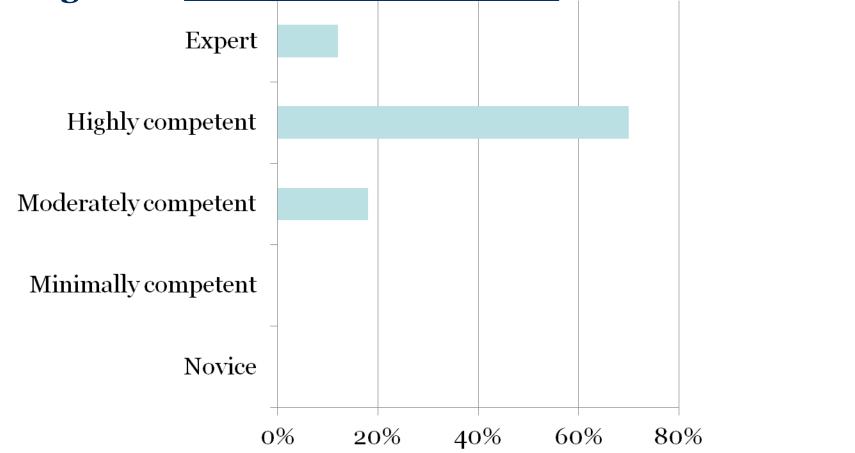






Sim "Wars" Turning Point Data (n=36)

Turning Point Communication Score for Student Team





Simulation Competency Rating Form

Competent Team Performance

- Patient Interview Scenario
 - SBIRT Competency Example:
 "Appeared comfortable raising the question of drug and alcohol use with the patient."
 - IPCP Competency Example:
 "Communicated well with other professionals, using respectful language."
- Impaired Professional Scenario
 - SBIRT Competency Example:
 "Recognized the signs of impairment and intervened with the co-worker before patient safety was compromised."
 - IPCP Competency Example: "Was respectful of each other's roles, placing the interests of the patient foremost.

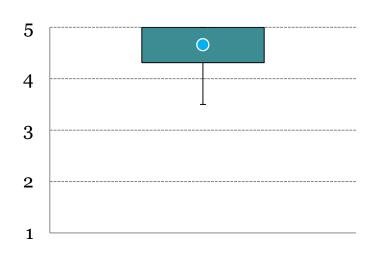
Shade circles like this: Not like this:	600		1	Study ID:	2 5	5
Please use BLACK Pe	n Only!					
InGAS Simulation Competen	cy Rat	ing Fo	orm			
Participant ID:	Date:	(month)	/	/ ay)	(y	ear)
Administration Number: O O O						
Which of the following apply to you?						
○ 1 SRNA → C 4 SRNA Faculty	O 7 Der	ital Hygler	ne Faculty	1		
O 2 Dental Student O 5 Dental Faculty	O 8 Der	ital Hygle	ne Studen	ıt		
○ 3 Dental Resident ○ 6 Study Staff						
Pre-op Patient Interview	Scena	rio				-
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team"	Strongly Disagree		Neutral 3	Agree 4	Strongly Agree	Not Observed
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team"	Strongly Disagree	Disagree	(1/27)20	100	Agree	Observed
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team"	Strongly Disagree	Disagree	(1/27)20	100	Agree	Observed
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and	Strongly Disagree	Disagree 2	3	4	Agree 5	Observed -2
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and alcohol use with the patient. b.) Used appropriate screening question(s) given the clinical	Strongly Disagree 1	Disagree 2	3	0	Agree 5	Observed -2
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and alcohol use with the patient. b.) Used appropriate screening question(s) given the clinical setting. c.) Gave the patient feedback which was an accurate reflection	Strongly Disagree 1	Disagree 2	0	0	Agree 5	Observed -2
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and alcohol use with the patient. b.) Used appropriate screening question(s) given the clinical setting. c.) Gave the patient feedback which was an accurate reflection of their screen results. d.) Attempted to enhance motivation to change by relating use to the patient's presenting medical issue.	Strongly Disagree 1	Disagree 2	0 0	0 0	Agree 5	Observed -2
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and alcohol use with the patient. b.) Used appropriate screening question(s) given the clinical setting. c.) Gave the patient feedback which was an accurate reflection of their screen results. d.) Attempted to enhance motivation to change by relating use to the patient's presenting medical issue.	Strongly Disagree 1	Disagree 2	0 0	0 0	Agree 5	Observed -2
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team" 1. SBIRT Competence: a.) Appeared comfortable raising the question of drug and alcohol use with the patient. b.) Used appropriate screening question(s) given the clinical setting. c.) Gave the patient feedback which was an accurate reflection of their screen results. d.) Attempted to enhance motivation to change by relating use to the patient's presenting medical issue. 2. IPCP Competence a.) Communicated well with other professionals, using	Strongly Disagree 1	Disagree 2	0 0	0 0	Agree 5	Observed -2

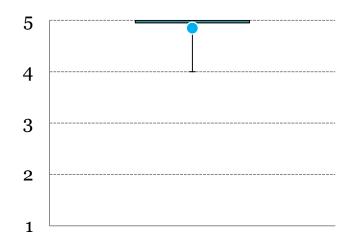


Sim "Wars" Competency Data (n=36)

• SBIRT Competence



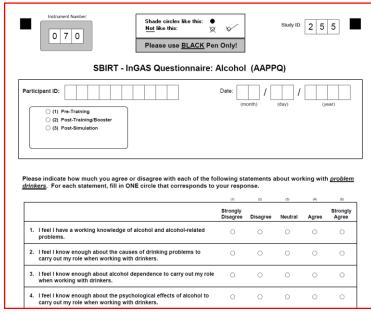






Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ)

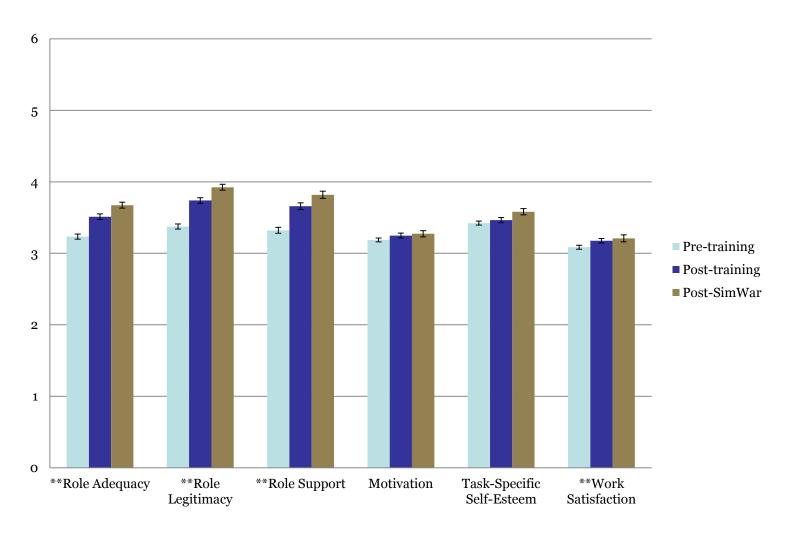
- Role Adequacy: Example: "I feel I have a working knowledge of alcohol and alcohol related problems."
- **Role Legitimacy**: Example: "I feel I have a clear idea of my responsibilities in helping drinkers."
- **Role Support**: Example: "If I felt the need when working with drinkers I could easily find someone who would help me clarify my professional responsibilites."
- Other subscales:
 - Work Satisfaction
 - Task-Specific Self-Esteem
 - Motivation



Shaw, S., Cartwright, A., Spratley, T. and Harwin, J. (1978). Responding to Drinking Problems. London: Croom Helm.



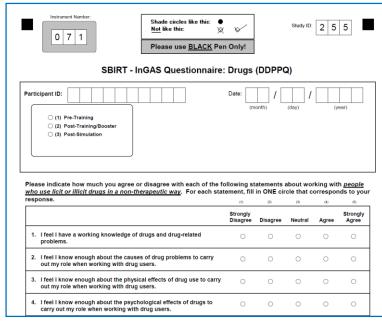
AAPPQ Results (n=252)





Drug and Drug Problems Perceptions Questionnaire (DDPPQ)

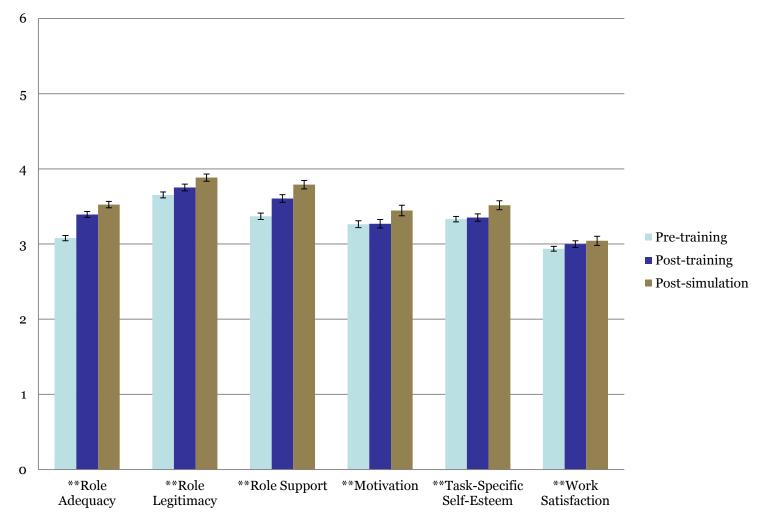
- **Motivation**: Example: "I feel that there is little I can do to help drug users."
- Work Satisfaction: Example: "I want to work with drug users."
- Task-Specific Self-Esteem: Example: "In general, I have less respect for drug users than for most other patients/clients I work with."
- Other subscales:
 - Role Adequacy
 - Role Legitimacy
 - Role Support



Watson, H., Maclaren, W., Shaw, F., Nolan, A. (2003). Measuring staff attitudes to people with drug problems: The development of a tool. Scottish Executive, Drug Misuse Research Programme.



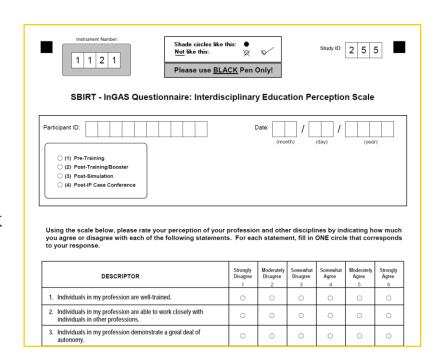
DDPPQ Results (n=252)





IPCP Questionnaire: Interdisciplinary Education Perception Scale (IEPS)

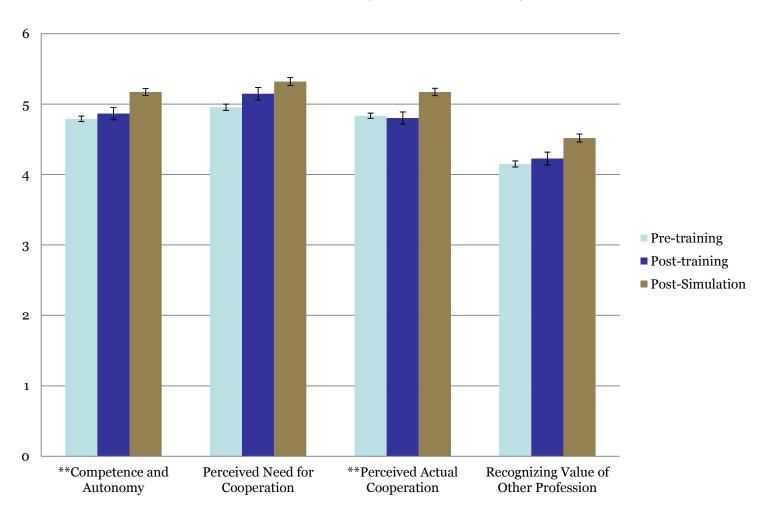
- Professional Competence and Autonomy: Example "Individuals in my profession are extremely competent."
- Perceived Need for Professional Cooperation: Example "Individuals in my profession must depend upon the work of people in other professions."
- **Perception of Actual Cooperation:**Example "Individuals in my profession think highly of other related professions."
- Understanding Value of other Professions: Example "Individuals in my profession make every effort to understand the capabilities and contributions of other professions."



Luecht et al, (1990, Journal of Allied Health, 181-191) with permission.



IEPS Results (n=118)





Readiness for Interprofessional Learning Scale

- Attitudes to Interprofessional Learning (IPL)
- Teamwork and Collaboration (Belief that shared learning is beneficial) Example: "Shared learning before qualification would help health care professionals become better team workers." "I would welcome the opportunity to work on small-group projects with other health care professionals."
- Emphasis on Professional Identity Example: (reverse score) "There is little overlap between my role and that of other health care professionals."
- **Patient Centeredness** Example: "Thinking about the patient as a person is important in getting treatment right."

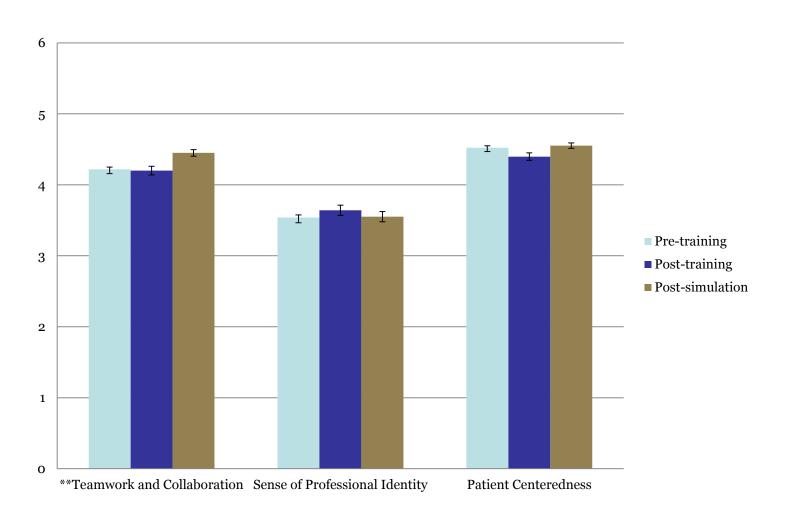
Shade circles like this: Not like this: Please use BLACK Pen Only! SBIRT - InGAS Questionnaire: Readiness for Interprofe	ession	Study		5 5	
Attitudes to Interprofessional Learning (9		
Participant ID: Date: (mx	onth)	(day)	/	(year)	
(1) Pre-Training (2) Post-Training/Booster (3) Post-Simulation (4) Post-IP Case Conference					
For the purposes of this questionnaire, "Interprofessional Learning" is defined as two with, from, and about each other at the same learning events, with a view to improving the same respond to the following questions by filling in one circle for each quest agree or disagree with that statement. "Teamwork and Collaboration"	ng collab	oration a	and the q	uality of	care.
with, from, and about each other at the same learning events, with a view to improvi- Please respond to the following questions by filling in one circle for each quest agree or disagree with that statement.	ng collab	dicate th	and the q	uality of	care.
with, from, and about each other at the same learning events, with a view to improvi- Please respond to the following questions by filling in one circle for each quest agree or disagree with that statement.	ion to in	dicate th	ne exten	nt to whi	Strong Agree
with, from, and about each other at the same learning events, with a view to improviment of the following questions by filling in one circle for each quest agree or disagree with that statement. "Teamwork and Collaboration" 1. Learning with other health care professionals will help me be a more effective member of a health	ion to in	dicate th	ne exten	Agree	Strong Agree

© Blackwell Publishing Ltd 2006 MEDICAL EDUCATION 2006; 40: 415 – 422.





IPLS Results (n=122)





Results Summary

- AAPPQ subscales that significantly increased:
 - Role Adequacy
 - Role Legitimacy
 - Role Support
 - Work Satisfaction
- DDPPQ subscales that significantly increased:
 - ALL
- IEPS subscales that significantly increased:
 - Competency and Autonomy
 - Perceived Actual Cooperation
- IPLS subscales that significantly increased:
 - Teamwork and Collaboration



Quotes from Key Informant Interviews

- I wish I had this training when I was a staff nurse
- Give us more examples of things we should say
- We like the role plays
- I would not have known what to do had this happened to me in practice; it was nice to play out the options
- Dental students were not aware that dentists are the number one prescribers of prescription opioids

Conclusions

- Students exposure to interprofessional training involving SBIRT was associated with positive changes of knowledge in both:
 - Perceptions of working with patients who have drug and alcohol misuse, abuse, and dependency
 - Interprofessional collaborative practice competencies
- Interprofessional education will improve patient outcomes and will provide more congruent and effective care



Screening Manual for Nurses

- Trainer's Manual
- Ring of Knowledge Cards
- Handouts
 - Small Group Scenarios
 - Role Play Scenarios
- PowerPoints
 - Initial Training
 - Review/Refresher Training

Substance Use Education for Nurses screening, brief intervention and referral to treatment (sbirt)

University of Pittsburgh School of Nursing

© 2014, University of Pittsburgh. All Rights Reserved.



Screening Manual for Nurses

Developed by the University of Pittsburgh School of Nursing

• **Free** Download:

http://www.nursing.pitt.edu/academics/ce/SBIRT_teaching_resources.jsp



Questions?



Contact: Ann M. Mitchell, PhD, RN, FAAN

ammi@pitt.edu