



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# SBIRT the Nitty Gritty:

## Implementing SBIRT in Multiple Nursing Settings



# The Team



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## The Team (continued)



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## The goal for this presentation

- Review four Screening, Brief Intervention and Referral to Treatment (SBIRT) implementation projects for nursing students and professionals.



## Why are these projects important?

- Nurses are in a unique position to assess and intervene with patients about their substance use
- Nurses are a key player in ensuring interprofessional collaborative practice



## Objectives

- Describe SBIRT implementation across four Health Resources and Services Administration (HRSA) funded projects.
- Review the results of SBIRT implementation, professional perceptions and qualitative data for HRSA funded SBIRT projects.
- Explain barriers and successes for implementation.



## Education Methods

1. Face-to-face didactic instruction
2. Online booster sessions
3. Simulation components
4. Inter-professional case conferences
5. Simulation scenarios:
  - a. Impaired professional nurse
  - b. Pre-op college student with heavy alcohol use
  - c. Inebriated father of a child who was involved in a car crash



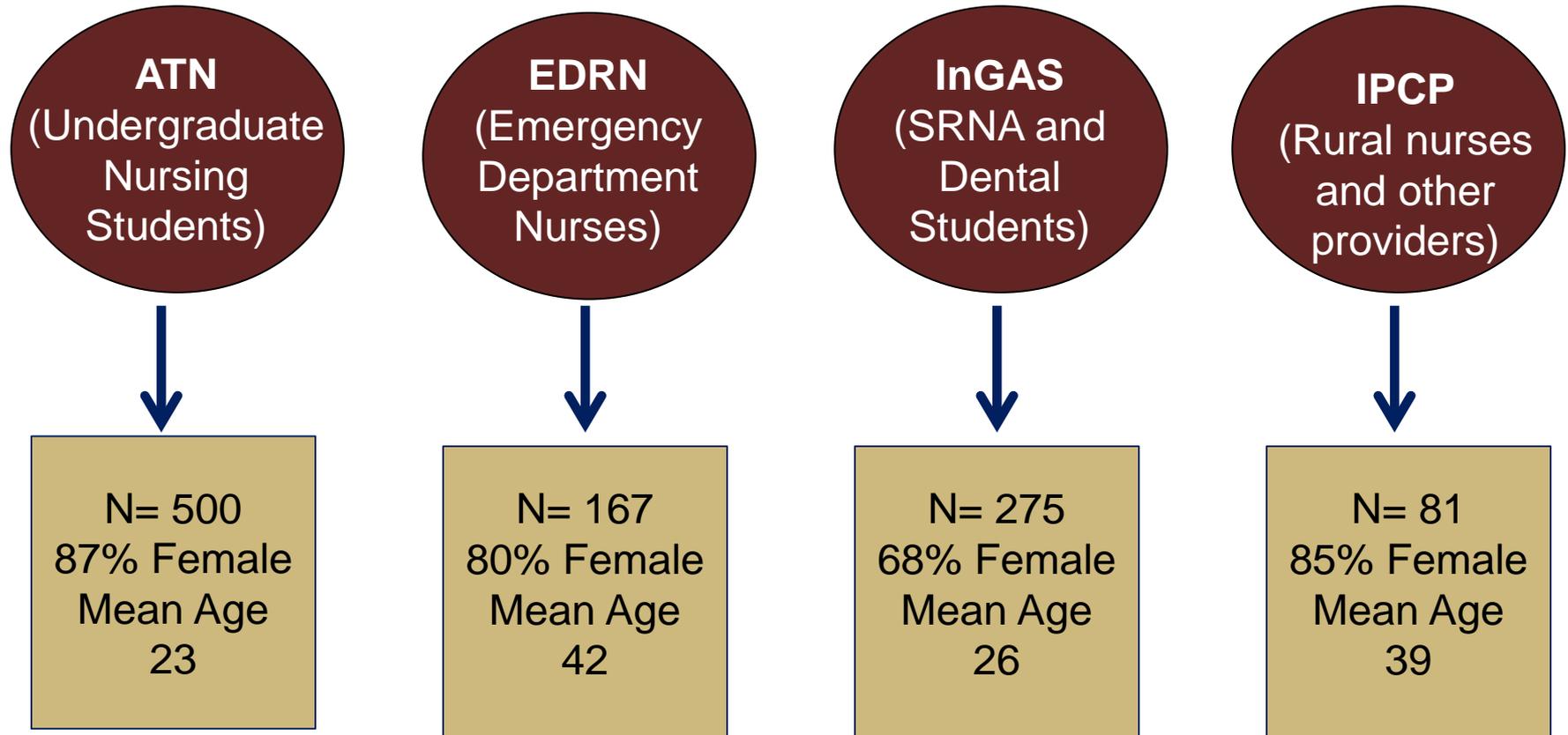
## Simulation component

Simulation increases participants' ability to share knowledge and skills

1. Enhances personal confidence
2. Increases respect for other professions
3. Reduces errors and increases safety
4. Promotes teamwork
5. Enhances inter-professional communication and ability to identify professional roles and responsibilities



## Projects: Overview





## The Projects: Project 1

- The **Addiction Training for Nurses project** (N=500) infused the SBIRT curriculum into undergraduate nursing courses, and included simulation, real-life practice and extensive faculty training.



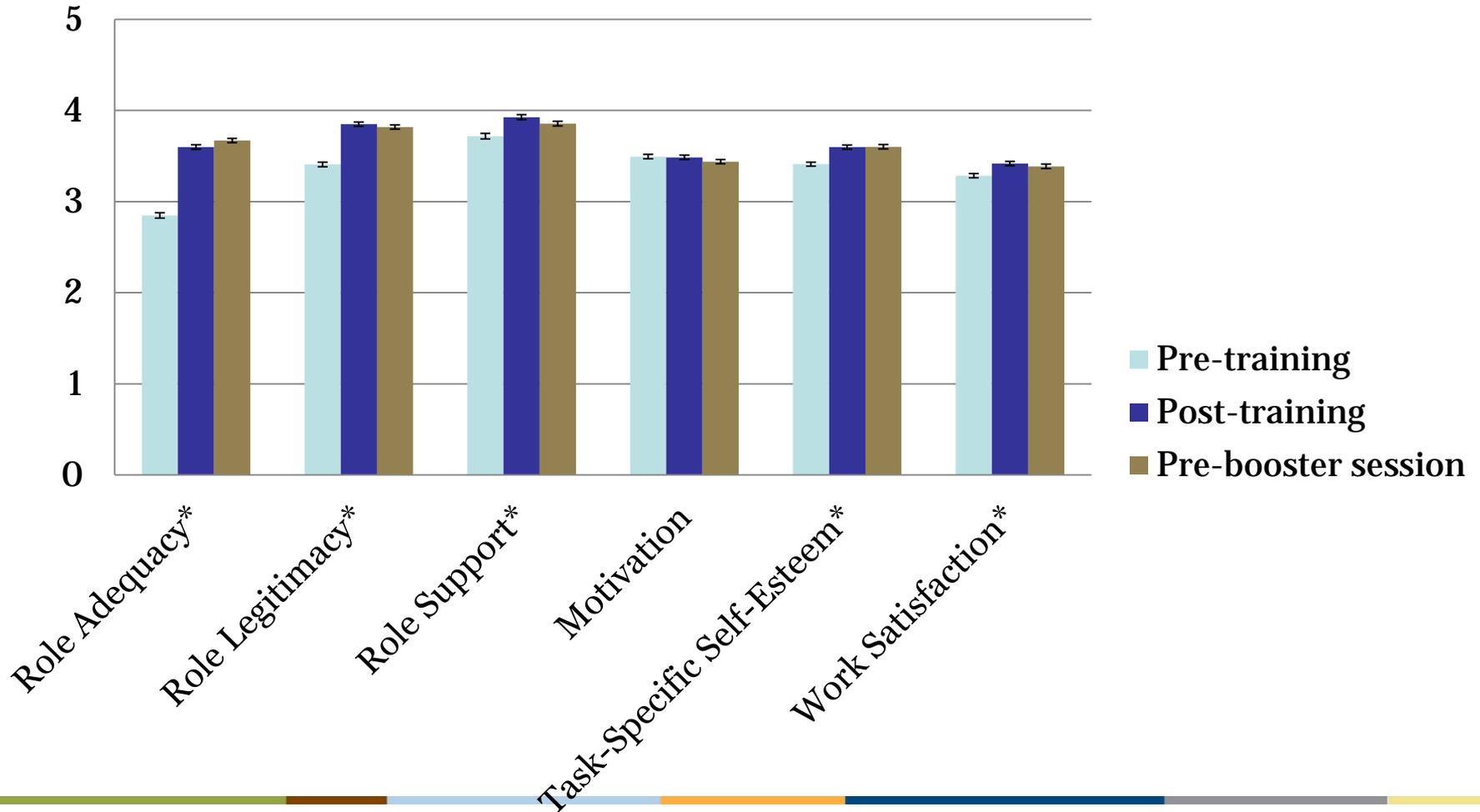
## Barrier and Success

**Barrier:** Students wanted more opportunities to practice SBIRT.

**Success:** Number of students exposed, trained, and skilled in SBIRT.

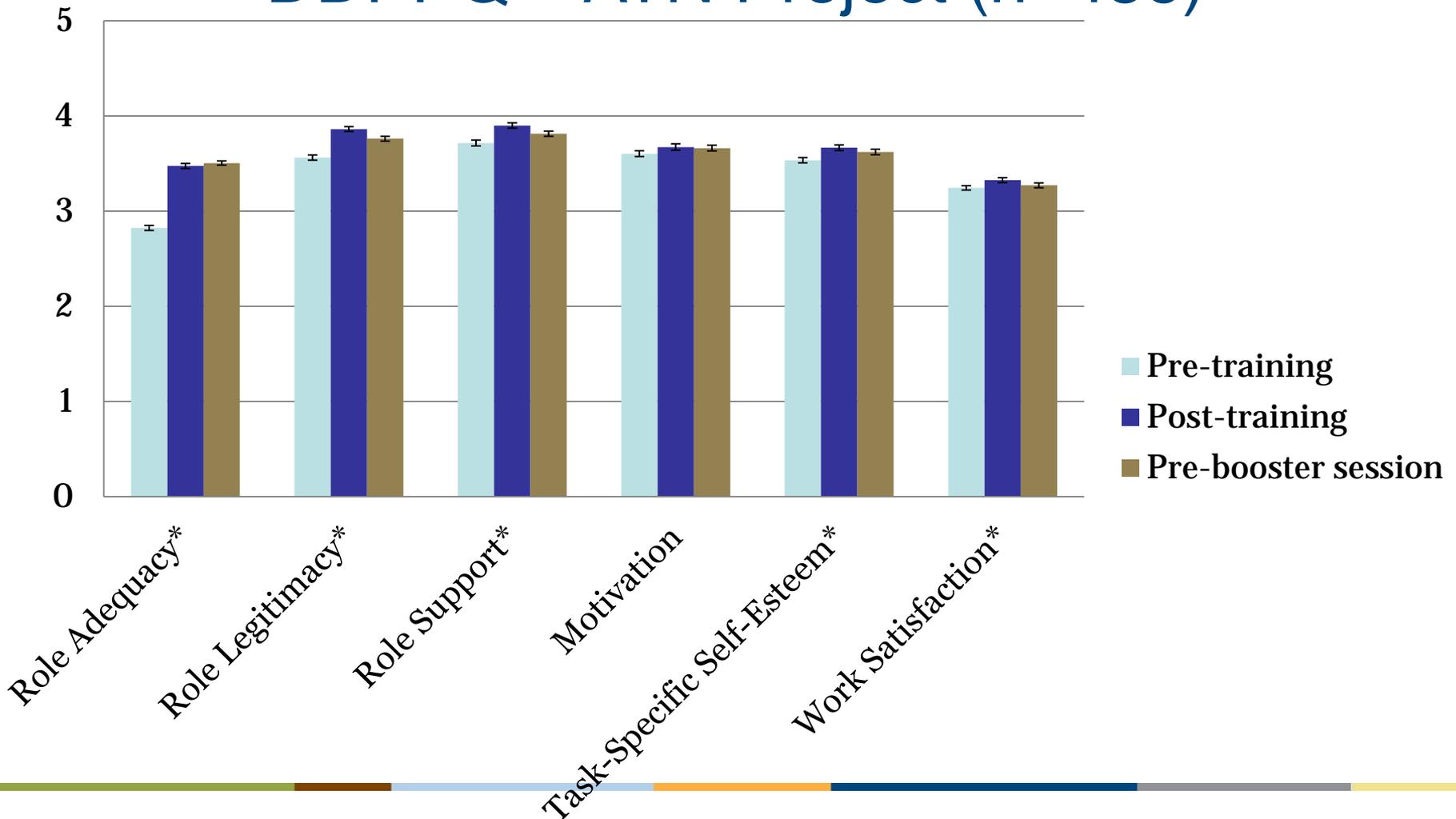


## AAPPQ – ATN Project (n=486)





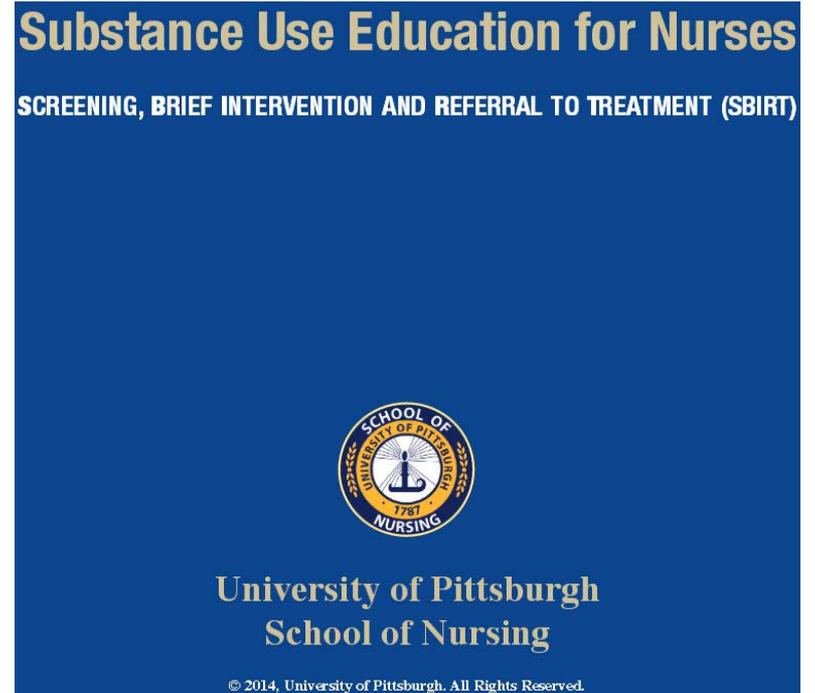
## DDPPQ – ATN Project (n=486)





# Screening Manual for Nurses

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



**Access the curriculum here**

**[http://www.nursing.pitt.edu/academics/ce/SBIRT\\_teaching\\_resources.jsp](http://www.nursing.pitt.edu/academics/ce/SBIRT_teaching_resources.jsp)**



## The Projects: Project 2

- The **Emergency Department Registered Nurses (EDRN)** project (N=167) extended the curriculum into five hospital emergency departments



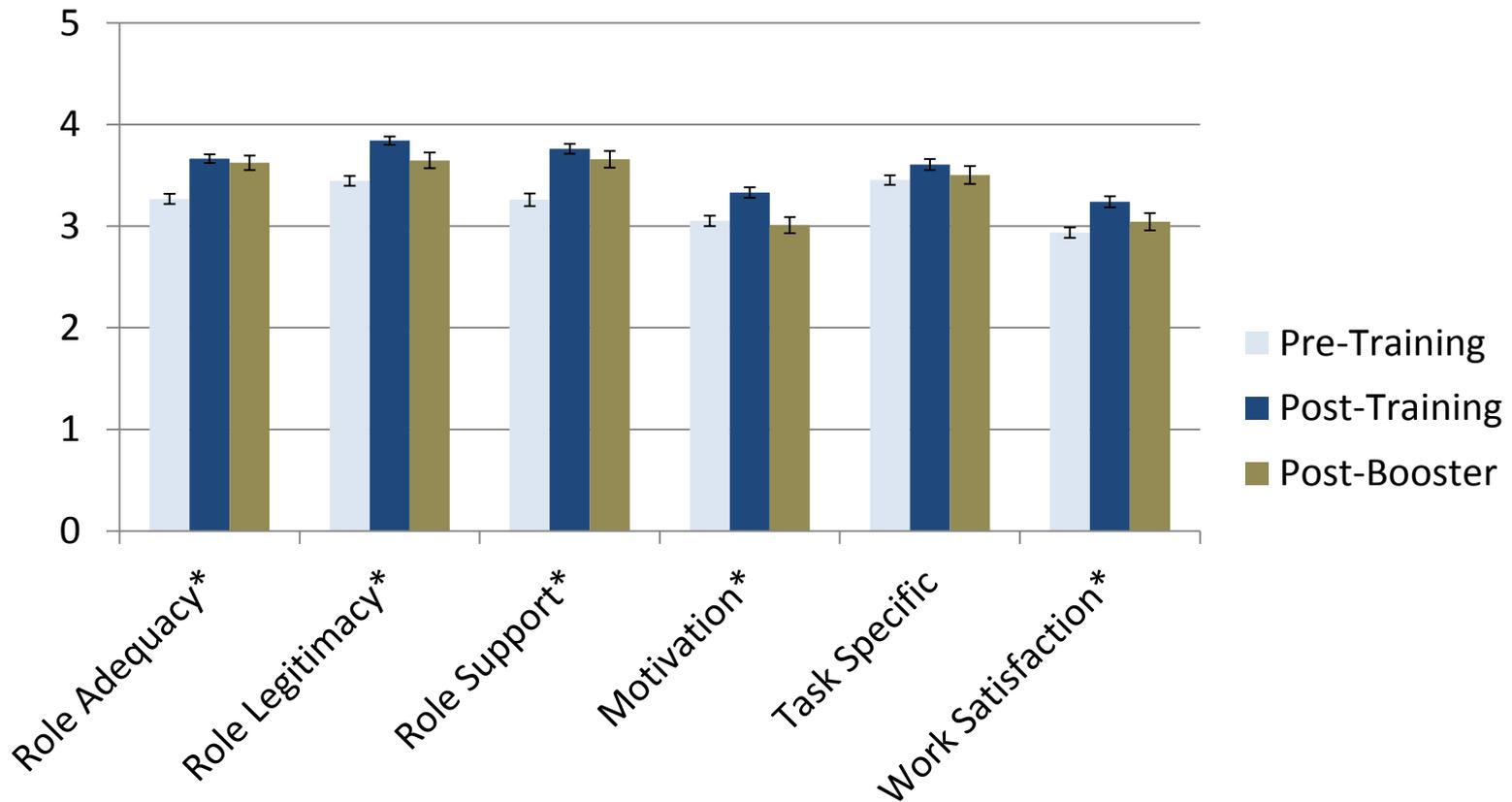
## Barrier and Success

**Barrier:** Amount of training time hoped/planned for was not feasible in the emergency care setting.

**Success:** Trainers met the diverse needs of project implementation in rural and urban hospital settings.

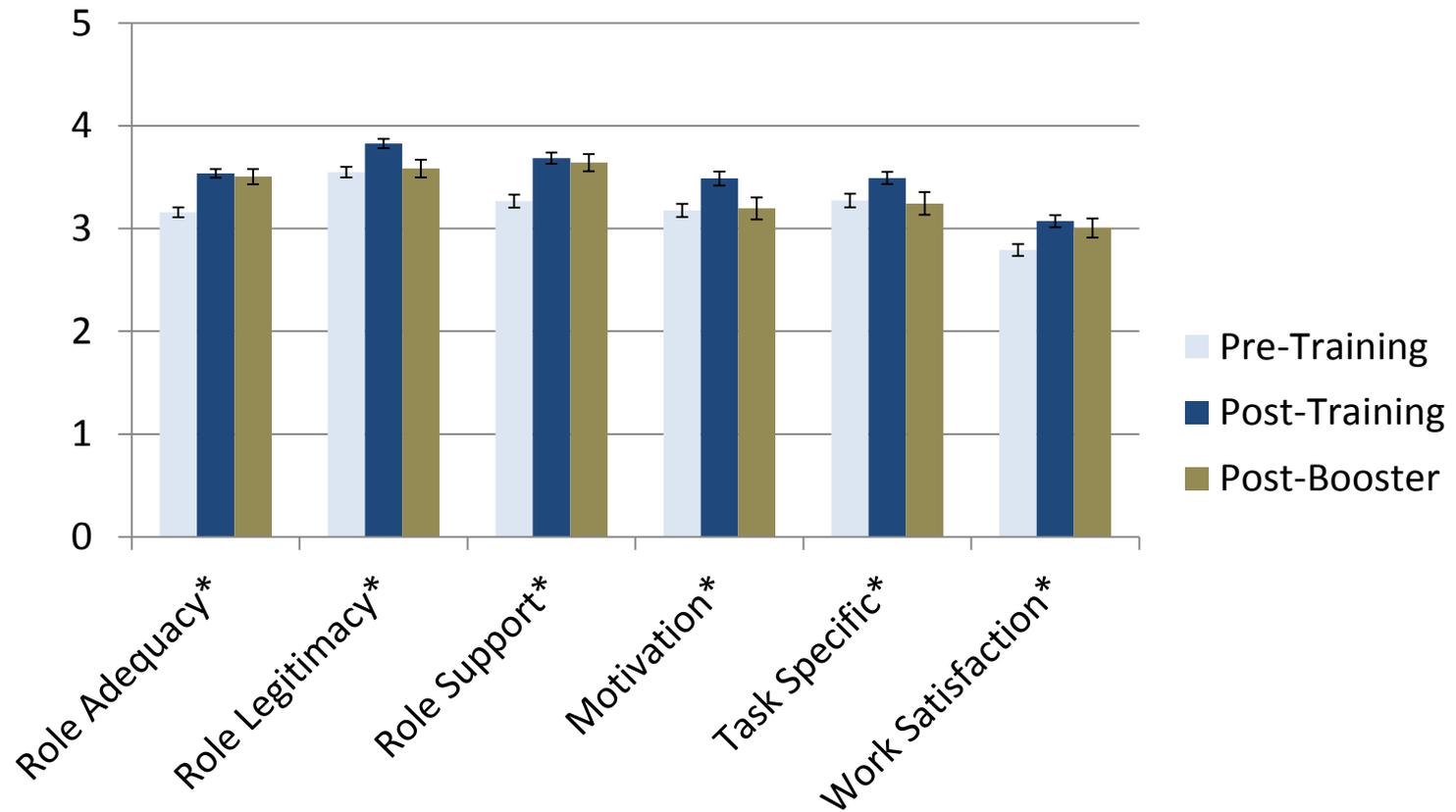


# AAPPQ – EDRN Project (n=167)





# DDPPQ – EDRN Project (n=167)





## The Projects: Project 3

- The **SBIRT for Interprofessional Groups of Anesthesia Students** project (N=275) focused on both graduate nurse anesthesia students and dental anesthesia students



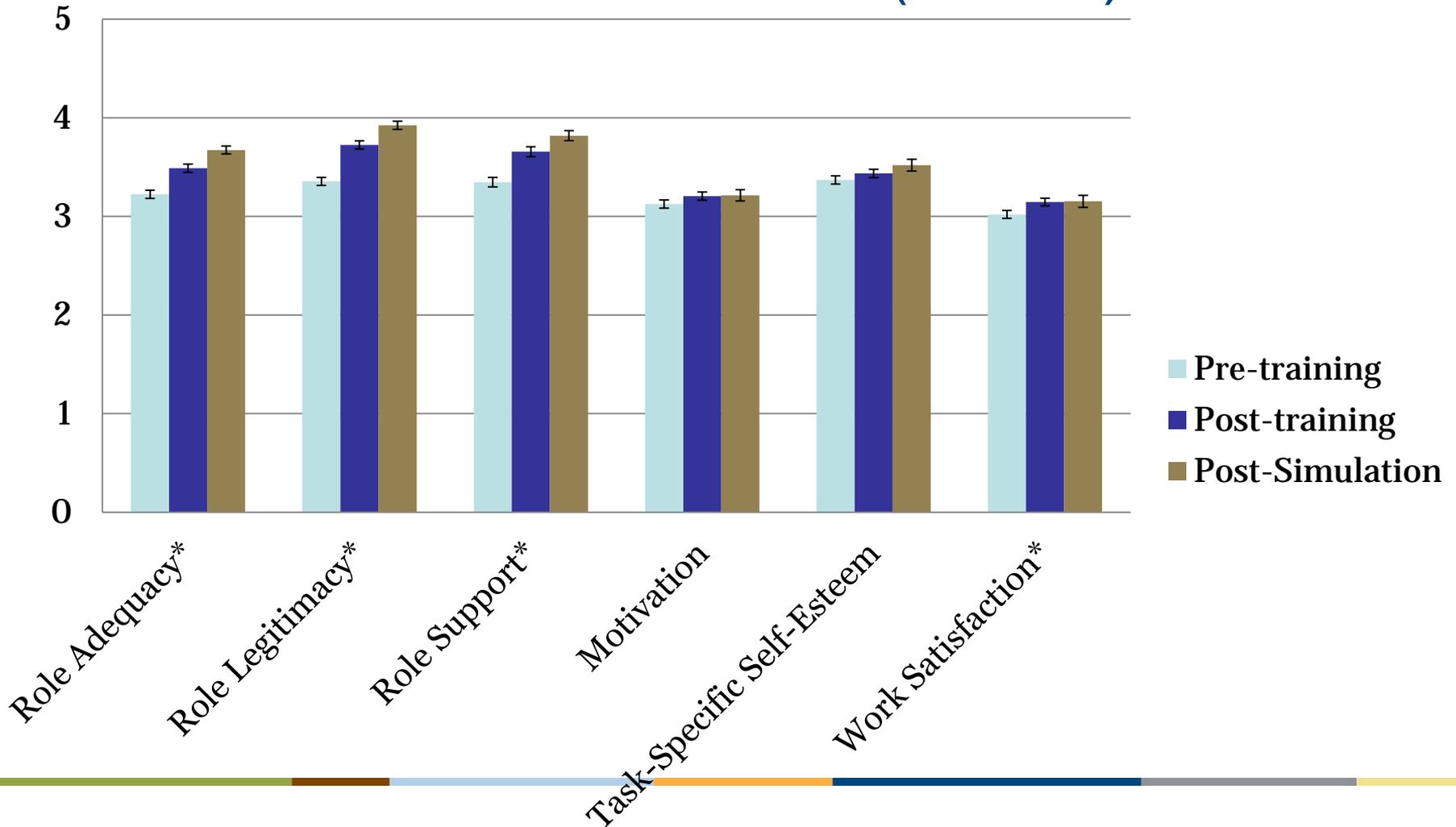
## Barrier and Success

**Barrier:** Finding time for interprofessional courses and practice in busy graduate curriculum.

**Success:** Enhancing standing courses and simulation time with SBIRT and interprofessional components.

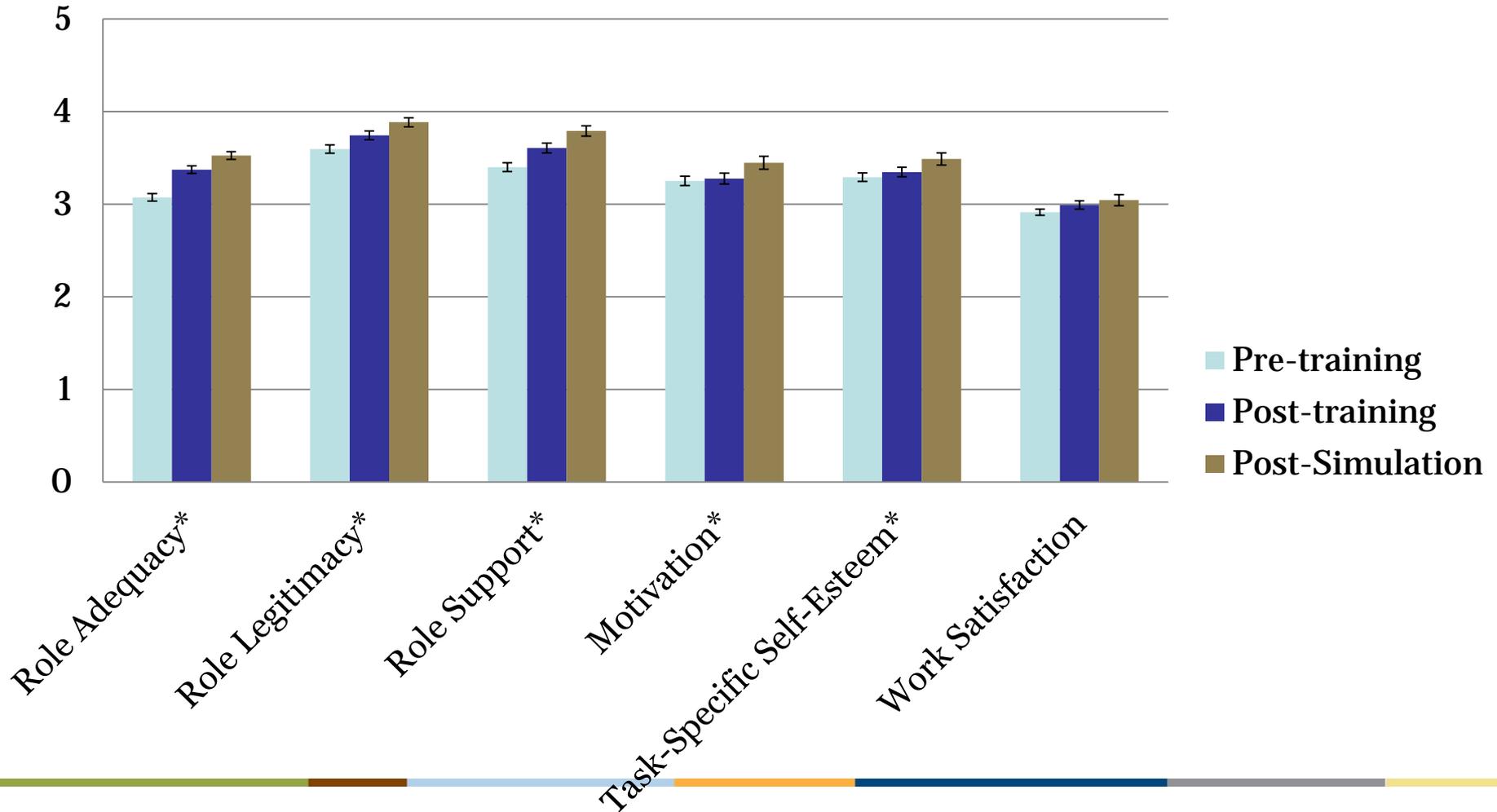


## AAPPQ – InGAS (n=275)





## DDPPQ – InGAS (n=275)





## The Projects: Project 4

- **The Interprofessional Collaborative Practice Targeting Substance Use in Rural Populations (IPCP)** project (N=81) focused on working healthcare professionals and nursing students



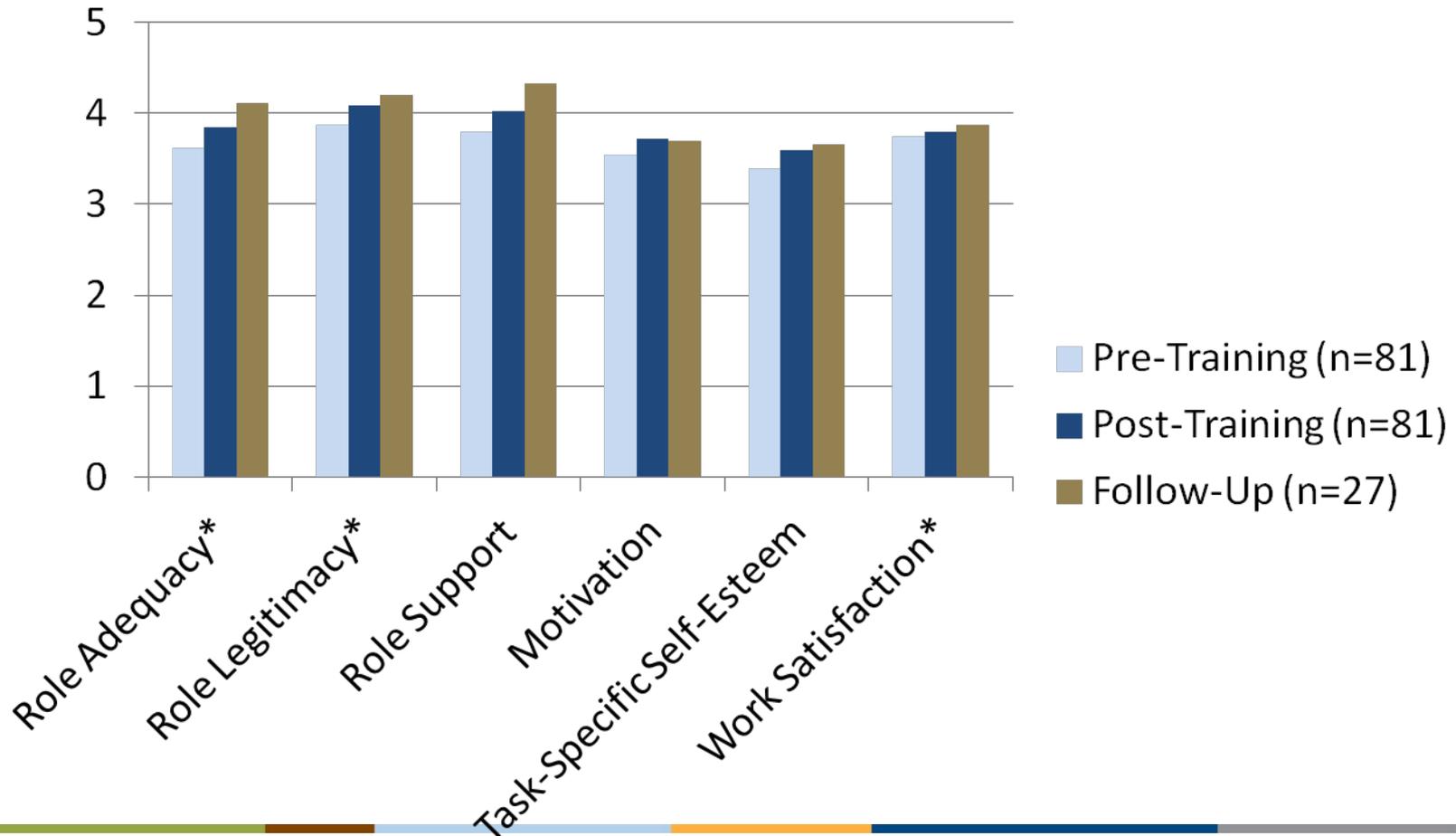
## Barrier and Success

**Barrier:** Encouraging completion of a 100% online program for busy healthcare professionals.

**Success:** Gift card incentives, reminder protocol, champion certificates, and site visits to promote program completion.

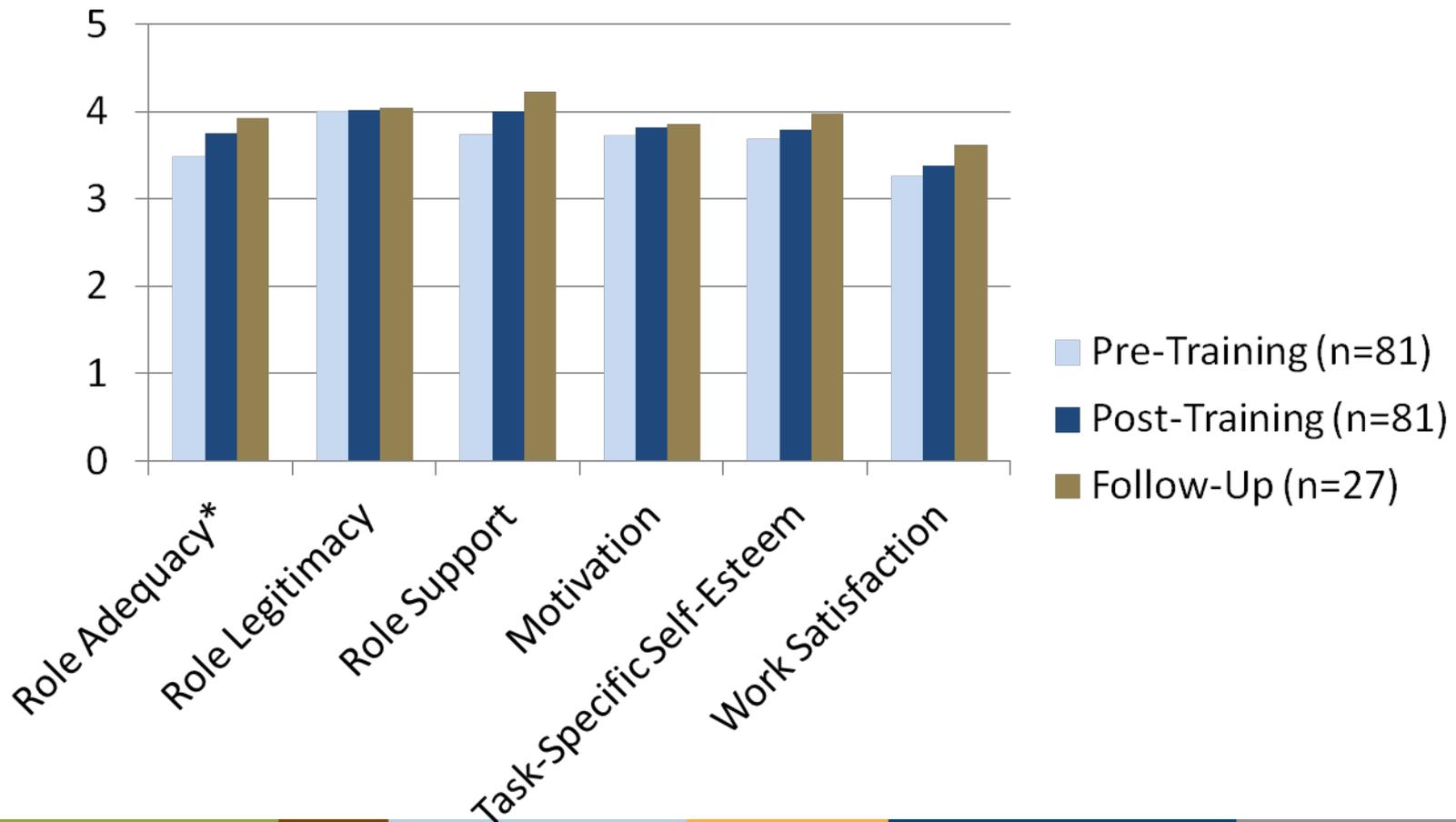


## AAPPQ – IPCP Project (n=81)





## DDPPQ – IPCP Project (n=81)





## SBIRT from two perspectives

- Students
  - Undergraduate nursing students
  - Graduate students
    - Student nurse anesthetists (SRNAs)
    - Dental students and dental residents
- Professionals
  - Emergency department registered nurses (EDRNs)
  - Interprofessionals
    - Nurses
    - Public health professionals
    - Behavioral health counselors



## Recap of Results: Students

- Different groups of students had different patterns of attitude/perception change.
  - Undergraduates tended to have improvements with the training, no additional improvement at the follow up
  - InGAS/Dental students showed improvements with training, and additional improvements with simulation



## Quotes from Key Informant Interviews: Students

- 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



## Recap of Results: Professionals

- EDRN and IPCP were two professional focused projects
  - For EDRN, scores decreased at follow-up, while for IPCP scores increased at follow-up. IPCP increases at follow-up can be attributed to IP Dialogue experience, whereas there was little interaction with participants between training and follow-up in EDRN



## Quotes from Key Informant Interviews: Professionals

- I wish I had this training when I was a staff nurse
- The examples of how to incorporate this during my usual nursing duties were helpful
- The RN interacting with the patient gave me ideas of how to approach a patient without them feeling judged



## Communication with partners

- Instrumental to any project
- Make sure you are talking to the right people at the right time i.e. leadership buy-in
- Clear, concise and fit the setting



## Administrative Barriers

- Turnover in key staff and champions
- Electronic health record
- Billing – its confusing to providers



## What we learned

- Plans will change. Flexibility is key.
- Creativity in implementation while maintaining fidelity of training to ensure outcomes.
- Involving the entire healthcare team is tricky but yields great returns.
- Review data periodically to guide implementation with next cohort.



## Call to Action

- Importance of patient level data – patient satisfaction and patient outcomes
- Importance of co-occurring physical health conditions (hypertension, diabetes, etc.), mental health conditions (anxiety and depression) and risky low substance use and substance use disorders



# Publications by Team

- Burns, H.K., Puskar, K., Mitchell, A.M., et al. (2012). Addiction training for undergraduate nurses using screening, brief intervention, and referral to treatment. *Journal of Nursing Education and Practice*, 2(4), 167-177
- Puskar, K., Mitchell, A.M., et al. (2013). Effects of SBIRT education and training on nursing students' attitudes toward working with patients who use alcohol and drugs. *Substance Abuse*, 34(2), 122-128
- Terhorst, L., Puskar, K.R., Mitchell, A.M., et al. (2013). Confirming the factor structure of the alcohol and alcohol problems questionnaire (AAPPQ) in a sample of baccalaureate nursing students. *Research in Nursing and Health*, 36(4), 412-422



## Publications by Team

- Mitchell, A.M., Puskar, K., et al. (2013). An undergraduate addiction training for nurses (ATN) SBIRT curriculum: Overview and BSN student satisfaction. *Journal of Psychosocial and Mental Health Services, 51*(10), 29-37
- Kane, I., Puskar, K., Mitchell, A.M., et al. (2014). Identifying at risk individuals for drug and alcohol dependence: Teaching the competency to students in classroom and clinical settings, *Nurse Educator, 39*(3), 126-134
- Puskar, K., Mitchell, A.M., et al. (2014). Faculty Buy-In to Teach Alcohol and Drug Use Screening, *Journal of Continuing Education in Nursing, 45* (in press).



## Save the Date

**Interprofessional  
Collaboration  
for Wellness:  
*Screening and  
Brief Intervention*  
at the WISER  
Simulation Center  
Conference  
Pittsburgh, PA  
June 9 & 10, 2015**

