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A Brief Curricular Intervention To Improve Screening and Brief Interventions for Substance Abuse in the Primary Care Setting Does Not Improve Performance on a Standardized Patient Assessment

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Background:
It is widely recognized that there is a critical need for more screening and brief intervention for substance use disorders (SUDs) in primary care settings. Barriers include inadequate provider skills and lack of physician confidence. The optimal format for curricular interventions to address these barriers remains unclear. We implemented a 3 hour Screening, Brief Intervention and Referral to Treatment (SBIRT) curriculum for internal medicine (IM) residents using a Team-based Learning (TBL) format. The TBL format was selected for its adherence to educational principles and promotion of active learning. The objective of our study was to evaluate the impact of this curriculum on resident SBIRT skills, knowledge and confidence using a standardized patient (SP) assessment.

Methods:
This study took place at a large academic residency training program. 54 PGY2 and PGY3 categorical IM residents participated in the curriculum. 26 residents participated in the SP assessment prior to the curricular intervention (control group) and 29 participated in the SP assessment after the curricular intervention (experimental group). The SP assessment consisted of 3 twenty-minute outpatient encounters with a patient with at-risk alcohol use, alcohol dependence or prescription opioid misuse. SPs evaluated residents on history(HX), information sharing(IS), and patient-physician interaction(PPI) and a single-item to assess overall satisfaction(OS) with the resident provider. Individual and mean scores for each case were calculated for each of the four domains(HX,IS,PPI,OS) and a mean summary score for each domain was calculated for all cases. After the SP assessment, residents completed surveys about their satisfaction with the SP assessment and confidence in performing SBIRT. Residents were also surveyed about their satisfaction with the TBL curriculum. Unpaired t- tests were performed to detect differences in scores between the experimental and control groups.

Results:
There were no statistically significant differences between the control and experimental groups on the mean scores for each case in the four domains (HX,IS, PPI,OS) or in the mean summary scores (HX,IS,PPI,OS) for all cases combined. For HX items, residents received 54% of the total points possible (experimental group)

vs 61% (control; p=.05) and for IS, residents received overall scores of 72% (experimental group) vs 67% (control; p=.78). PPI and OS for both groups were rated as good to very good. Case scores in both groups were lowest in HX and IS for the prescription opioid misuse case. Resident confidence in screening for drugs [mean=3.93 vs 3.45 (1=strongly disagree, 5=strongly agree), p=.013] and alcohol (mean=4.24 vs 3.66, p=.002), assessing stage of behavioral change (mean=4.21 vs 3.34, p<.001) and making treatment plans for patients with SUDs (mean=3.90 vs. 2.90, p<.001) was significantly higher in the experimental group compared to the control group. Residents in the experimental group (TBL curriculum prior to SP assessment) were more likely to say they would recommend the SP assessment to a fellow resident (mean=3.41 vs 2.83, p=.04). Both the experimental and control groups were close to neutral on whether they would recommend the TBL training to a colleague.

Conclusions:
A 3 hour TBL session improved resident confidence in their SBIRT skills, but did not improve SBIRT skills as measured by a SP assessment. Resident SBIRT skills in both the experimental and control groups showed room for improvement in all areas (HX,IS,PPI, OS) with a particular need for improvement in handling prescription opioid misuse. Overall satisfaction with SP assessment and the TBL curriculum was positive. A more intensive curriculum with opportunities to practice skills and receive feedback over time may be required to improve behavioral skills.

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