A Dose of Reality: Partnering with an Addictions Recovery Community to Add Authenticity to SBIRT Training for Nurse Practitioner Students

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Objectives for the Screening, Brief Intervention and Referral to Treatment (SBIRT) Training

• Establish a spirit of caring using a non-judgmental approach

• Gain comfort with universal screening for substance use

• Provide a brief intervention for an at-risk individual

• Refer individuals with substance use dependence for treatment
Targets of the SBIRT Training

Social Work Students (MSW)

Family Nurse Practitioner (FNP) Students (MSN)
Repeated Measures Design

Initial Data Collection ($T_0$): BASELINE

10-hour online training (screening, brief intervention, referral)

Second Data Collection ($T_1$): After online training and virtual simulations
Repeated Measures Design (cont’d)

SBIRT Simulations (OSCEs) with Peer 360 Recovery Alliance

Final Data Collection ($T_2$): After SBIRT OSCE simulations and 60-hour clinical immersion
Our Partner

• Peer 360 Director recruited 6 individuals who were stable in their recovery and who expressed interest in participating in this training
• Development of scenarios for Objective Structured Clinical Examinations (OSCEs)

• Acting in the OSCE simulation
• Evaluation of student performance using the SBIRT Proficiency Checklist and verbal feedback
• Feedback to faculty for future iterations
Measures

• Demographics
• Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ)
• NORC Researcher-developed tools to measure:
  • Attitudes/Beliefs
  • Knowledge
  • Perceived competence
  • Confidence/Efficacy
  • Readiness
  • Satisfaction with training
Measures (cont’d)

• SBIRT Proficiency Checklist (immediately after SBIRT OSCE)
• Behavioral Health Integration Competency (FNP) - completed by clinic preceptors after the 60-hour clinical immersion
• Focus group interview (only at 2nd and 3rd data collection points)
A Variety of Evaluation Sources

Faculty

Student (Self-Report)

Fellow Student Observer

Peer 360 Alliance (Actors)

Preceptor
Results: Demographics

• N = 23 FNP students
• Average age: 31.9 years
• Average years as an RN: 9.4 years
• Primarily Caucasian (96%), female (91%)
• Majority from rural areas (72%) and economically-disadvantaged (62%)
• Five (22%) disclosed family/personal history of substance use disorder
Results: Perceptions of Alcohol and Alcohol Problems (SAAPPQ)

Baseline (T0) N=27
- Overall Attitude: 36.22222222
- Therapeutic Commitment: 20.96296296
- Role Security: 15.25925926

After Virtual Sim (T1) N=21
- Overall Attitude: 36.57142857
- Therapeutic Commitment: 21.04761905
- Role Security: 15.52380952

After OSCE and Clinic (T2) N=8
- Overall Attitude: 37.625
- Therapeutic Commitment: 21.875
- Role Security: 15.75
## Results: NORC Researcher-Developed Tools

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>T₀ MS (SD)</th>
<th>T¹ MS (SD)</th>
<th>T² MS (SD)</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAAPPQ</td>
<td>36.22(15.33)</td>
<td>36.57(17.36)</td>
<td>33.44(176.53)</td>
<td>0.83</td>
<td>0.44</td>
</tr>
<tr>
<td>Attitudes/Beliefs</td>
<td>31.30(23.14)</td>
<td>31.1(31.25)</td>
<td>30(27.43)</td>
<td>0.20</td>
<td>0.82</td>
</tr>
<tr>
<td>Knowledge</td>
<td>12.37(5.32)</td>
<td>13.75(4.72)</td>
<td>11.38(11.70)</td>
<td>3.27</td>
<td>0.05*</td>
</tr>
<tr>
<td>Perceived Competence</td>
<td>42.11(72.79)</td>
<td>55.1(62.41)</td>
<td>53.75(114.21)</td>
<td>14.71</td>
<td>8.67</td>
</tr>
<tr>
<td>Confidence/Efficacy</td>
<td>54.26(257.20)</td>
<td>66(95.89)</td>
<td>69.75(188.21)</td>
<td>6.05</td>
<td>0.00*</td>
</tr>
<tr>
<td>Readiness</td>
<td>23.41(70.10)</td>
<td>30.84(14.58)</td>
<td>32.63(54.55)</td>
<td>9.03</td>
<td>0.00*</td>
</tr>
<tr>
<td>Sample Case</td>
<td>15.93(2.23)</td>
<td>17.15(1.29)</td>
<td>15.75(6.79)</td>
<td>4.11</td>
<td>0.02*</td>
</tr>
</tbody>
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T₀ = Baseline; T¹ = After online training and virtual sim; T² = After OSCE and clinic.
MS = Mean Square; SD = Standard Deviation
## Results: Behavioral Health Integration Competency

<table>
<thead>
<tr>
<th>Competency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>“Uses evidence-based, brief screening tools to identify patients who have or who are at risk for behavioral health problems”</td>
<td>92%</td>
</tr>
<tr>
<td>“Engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice”</td>
<td>89%</td>
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<tr>
<td>“Embodies the spirit of motivational interviewing (e.g. reflective listening, non-judgmental approach) to increase the patient's motivation and desire to change”</td>
<td>97%</td>
</tr>
<tr>
<td>“Provides a referral to intensive therapy or additional treatment to patients whose assessment or screening shows a need for additional services”</td>
<td>82%</td>
</tr>
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Results: Focus Group Interview (Actors)

- Direct feedback to the individual student immediately after the OSCE
  - Positive aspects, specific suggestions for improvement
- Group debriefing to students at the conclusion of the OSCE day
  - Overall observations
- Feedback to faculty at the conclusion of the OSCE day
  - Suggestions for curricular change
  - Expressed gratitude for being part of the educational process
Results: Focus Group Interview (Students)

• Immediately after the OSCE Simulations
  • “I have been in nursing school now a total of almost seven years, and today was the single-most impactful thing that I have ever learned in all of those years as training.”
  • “Today’s training really gave me the tools and the confidence to talk to patients with substance use problems, and the hope that maybe if we approach them with an open, caring, and non-judgmental manner, that we may actually make a difference in their lives.”

• At the conclusion of the 60-hour clinical immersion
  • “I have a lot more confidence in using the SBIRT techniques in clinical, and feel like I have a number of strategies and resources in my ‘toolbox’ that I can use when needed.”
  • “I’ve been surprised at how many high-risk behaviors I have identified just through universal screening. This has been a great opportunity to have an impact and be a positive change in someone’s life--- before they get into real trouble!”
Lessons Learned from the Students’ Perspective

- Know your community resources!
- Point-of-Care supports are helpful (e.g. SBIRT pocket card)
- Patients are not always truthful on screening tools
- You don’t have to tippy-toe around the topic of risky substance use
- Even if the patient is unwilling to consider a change at this time, a brief intervention may have planted the seeds for future consideration
Lessons Learned from the Faculty Perspective

• Augment curriculum:
  • Community resources (location-specific)
  • Addiction cycle
  • Medication-assisted therapies
  • Stages of Change
  • Screening tools and scoring

• Adjust sequencing of SBIRT training in curriculum

• Let actors tell their own stories

• Consider “beginner” and “advanced” cases offered in two subsequent semesters
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