



SBIRT
Service Design
Site Visit Report

**Baylor College
of Medicine**

Service Design Site Visit Report
Medical Residency: Baylor College of Medicine



Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services, Substance Abuse and
Mental Health Services Administration, Center for Substance Abuse Treatment

Service Design Site Visit Report

Medical Residency: Baylor College of Medicine

Grantee Name	Baylor College of Medicine
Address	3701 Kirby Drive, Suite 600, Houston, TX 77098
Grant TI Number	TI020247
Date of Site Visit	May 12–13, 2011
Grantee Contact Person	James Bray, Ph.D.
Government Project Officer	Erich Kleinschmidt
Site Visit Team Members	Kevin Hylton, Jonathan Powell, and Denise Stockton

Grantee Project Team Members Visited

Baylor College of Medicine SBIRT InSight Residence Project Team

James H. Bray, Ph.D., Principal Investigator/Project Director

Alicia Kowalchuk, D.O., Assistant Project Director

Larry Laufman, Ed.D., Project Evaluator

Vicki Waters, PA-C, Core Faculty/Curriculum Expert

Elizabeth Shilling, Research Coordinator

Amanda Clinton, Administrative Assistant

Dr. Fareed Khan, Faculty Champion, Family and Community Medicine

Dr. Asim Shah, Faculty Champion, Psychiatry

Dr. Elaine Wendt, Faculty Champion, Internal Medicine-Pediatrics

Achilia Morrow, Faculty Champion, Internal Medicine

Dr. Nicholas Masozera, Faculty Champion, Internal Medicine

Dr. Sarah Bezek, Faculty Champion, Emergency Medicine

Table of Contents

Overview and Summary of Findings.....	1
Purpose of Visit	1
Project Overview	2
Program Strengths	4
Program Challenges/Barriers.....	6
Team Roles and Responsibilities.....	7
Curriculum	9
Curriculum Review	9
Core Curriculum	9
Approach/Implementation	20
Approach	20
Residency Training Implementation.....	20
Champion Training	21
Meeting with Resident Champions.....	23
Resident Training	24
Training Dissemination.....	26
Sustainability	27
Data Collection and Evaluation	28
Program Area Summaries	30
Internal Medicine	30
Emergency Medicine.....	30
Family and Community Medicine	31
Internal Medicine-Pediatrics.....	31
Psychiatry.....	32
Summary of Onsite Observations.....	34

Overview and Summary of Findings

Purpose of Visit

The purpose of the site visit was to conduct an onsite assessment of program strengths and engage the grantee in a continuing improvement process supported by technical assistance, as approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). Assessment of Baylor College of Medicine (BCM) InSight Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Residency Training Program model, curriculum, training methods, implementation, and program evaluation was completed by:

- Meeting onsite with the principal investigator/project director, assistant project director, faculty champions, resident champions, evaluator, and research coordinator and administrative assistant
- Reviewing curriculum components and materials
- Touring Ben Taub General Hospital
- Observing faculty and resident champion training

On May 12–13, 2011, the site visit team met with the BCM InSight SBIRT Medical Residency Training Program and visited Ben Taub General Hospital to gain a better understanding of the SBIRT Medical Residency Training Program model, curriculum, training methods, implementation, and program evaluation.

Day 1, May 12, 2011: During the morning of Day 1, the site visit team met with the BCM InSight SBIRT Medical Residency Training Program team at BCM's Department of Family and Community Medicine. Following introductions, the residency training program team provided an in-depth overview of the SBIRT Medical Residency Training Program, including its background and context, program model, curriculum components, resident and champion training, residency implementation, dissemination model, and sustainability planning. This orientation provided a foundation for the site visit activities that followed.

During the afternoon of Day 1, the site visit team toured Ben Taub General Hospital, visited the hospital's InSight clinic, an intensive case management clinic for patients with substance use disorders and a referral to treatment resource, and observed a demonstration of the clinic's Epic health electronic record system. The team returned to

the Family and Community Medicine department to review the curriculum and meet with resident champions, faculty champions, and residency directors.

Day 2, May 13, 2011: On the morning of Day 2, the site visit team observed SBIRT training for faculty and resident champions. During the afternoon, the program evaluator discussed the project evaluation design, evaluation activities, and progress to date. At the conclusion of the site visit, the site visit team lead and the SBIRT team debriefed the SAMHSA project officer.

Project Overview

The InSight SBIRT Medical Residency Training Program is an outgrowth of the Texas State SBIRT program—Project InSight—that was funded in 2003 as one of SAMHSA's first cohort of SBIRT State grantees. The Texas Department of State Health Services (DSHS) subcontracted with the Harris County Hospital District (HCHD), BCM, and The Council on Alcohol and Drugs Houston to provide clinical services for Project InSight. Under the agreement, Project InSight trained physicians, nurses, and staff to perform initial screening of all patients for alcohol and substance use, and to refer patients with positive screening results for more in-depth screening, intervention, and, if needed, treatment referral.

For five years prior to BCM's SBIRT medical residency program grant award, BCM faculty provided the initial screening portion of SBIRT as part of routine health care screening services in HCHD's emergency centers and selected Community Health Program centers. Project InSight SBIRT services have continued in the HCHD. However, physician training in SBIRT ended when the grant expired in 2008. BCM's SBIRT medical residency program fills an important gap by providing SBIRT training to residents and faculty who practice in the HCHD. The district, which serves more than 250,000 patients yearly, is the fourth-largest publicly-funded health care system in the United States. The BCM Department of Family Medicine staffs three community health centers, which comprise 50% of the community clinics in the HCHD. These clinics provide the largest primary care safety net for the underserved population at the HCHD. BCM's Medical Residency Training Program also will provide training to residents and faculty who practice in these facilities.

BCM's Department of Family and Community Medicine operates the InSight SBIRT Medical Residency Training Program, which is in Year 2 of its 5-year SAMHSA grant. Residents in five specialty areas—Family Medicine, General Internal Medicine, Psychiatry, Emergency Medicine, and Medicine-Pediatrics—provide SBIRT services to patients in seven outpatient clinics and to Ben Taub General Hospital in the HCHD.

The overarching goal of BCM's InSight SBIRT residency training program is to train medical residents to utilize SBIRT practices in their provision of routine medical care. The objectives are to:

- Train all medical residents in Family Medicine, Pediatrics, General Internal Medicine, Psychiatry, and Trauma in SBIRT, utilizing the evidence-based approach developed in the InSight Project
- Train selected faculty and resident champions in each residency program to teach SBIRT services in a train-the-trainer model
- Expand InSight SBIRT training and services to the MEDVAMC and TCH
- Develop enduring training materials that can be disseminated through Web-based methods

The InSight SBIRT medical residency program has implemented a two-tier curriculum. Level 1, or core SBIRT training, is designed for first-year (PGY-1) residents, and Level 2, or in-depth, training is designed for faculty and resident champions. The champion training is provided for faculty and resident champions via a train-the-trainer approach. The faculty and resident champions will participate in the ongoing implementation of the program.

Currently, residents in five primary-care residency programs—Family Medicine, General Internal Medicine, Psychiatry, Emergency Medicine, and Medicine-Pediatrics—receive training. In addition to the Medicine-Pediatrics specialty area, BCM has a separate residency training program in Pediatrics. The InSight SBIRT Medical Residency Training Program had expected to train residents and staff in Pediatrics, but Pediatrics was not able to identify curricular time for the training as of the date of the site visit. Over the 5-year period, BCM expects to train more than 791 residents. As of March 31, 2011, approximately 75 residents, 17 resident champions, and 11 faculty champions had been trained.

The BCM InSight SBIRT residency training program evaluation assesses training satisfaction. Self-report data is collected from residents, resident champions, and faculty champions using the Government Performance and Results Act (GPRA) instrument immediately after the first training and 30 days later.

Project Accomplishments

The BCM InSight SBIRT medical residency program has attained several major accomplishments to date, including the following:

- Development and refinement of a core curriculum that can be applied across specialties, with specific content relative to particular residency programs integrated by program
- Development of an expanded curriculum for faculty champions and resident champions
- All 2011 PGY-1 residents in Family Medicine, Internal Medicine, Psychiatry, and Internal Medicine-Pediatrics have received Level 1 SBIRT training
- Recruitment and training of SBIRT faculty champions and resident champions
- Commencement of training for Emergency Medicine
- Implementation of experiential learning experiences and SBIRT-trained champion precepting for residents
- Development of an array of curricular tools
- Development of a SBIRT Medical Residency Training Program Web site
- Incorporation of SBIRT screening tools into Baylor Clinic's electronic medical record (EMR)
- Implementation of a self-perpetuating train-the-trainer model for SBIRT sustainability
- Commencement of a process evaluation of the project

Program Strengths

Organizational Strength and Buy-In

The InSight SBIRT medical residency program was built upon the foundation established by the Texas State SBIRT program—Project InSight—which was a Cohort I SAMHSA SBIRT State grantee. Project InSight developed and integrated a SBIRT program model into the HCHD using evidence-based interventions. For 5 years, BCM partnered with Project InSight through a subcontract agreement to provide curriculum and materials development as well as medical director and psychology director services for the InSight project at Ben Taub General Hospital and seven community health centers in the HCHD. Consequently, the primary-care faculty at BCM was familiar with SBIRT, which helped secure buy-in during the early stages of project development. The BCM InSight SBIRT residency project staff has a continuing relationship with the Texas InSight program and participates in weekly calls with HCHD staff to discuss project updates and special issues such as the status of EMR changes.

Implementation Model

BCM's SBIRT train-the-trainer model involves the gradual and, ultimately, complete transition of SBIRT training, curriculum development, and training implementation to faculty and resident champions. By the end of the grant period, the responsibility for SBIRT training will rest fully with the individual residency programs, which will be prepared to provide comprehensive training.

Faculty Champions

The SBIRT InSight medical residency program recruits two or more faculty champions from each participating residency program. Faculty champions are responsible for implementing SBIRT into their clinical practice, observing the skill performance of residents directly and providing feedback, and assuming gradual, but complete, training responsibilities for SBIRT in their residency programs. Some champions are residency directors, which elevates the importance of SBIRT in these specialties. An associate dean who also champions SBIRT provides administrative support for SBIRT and teaches some champion training sessions.

Resident Champions

Two residents from each participating specialty area are selected yearly to receive in-depth champion training along with faculty champions. Priority is given to students who are planning careers in academic medicine so they will disseminate the training later in their careers. These resident champions have the responsibility of precepting junior residents in SBIRT.

Electronic Medical Records

The SBIRT screening tools have been incorporated into the EMR at all BCM clinics, the MEDVAMC, and within HCHD. The BCM InSight SBIRT project staff is working with the HCHD administration to have the evidence-based prescreening tools integrated into their EMR as these tools have been updated to reflect new evidence since they were originally incorporated during the state grant program. Through efforts of the SBIRT medical residency training team in conjunction with an IM faculty champion, the DAST tool was successfully added to the MEDVAMC EMR.

Web Site

The InSight SBIRT medical residency program has developed a Web site that contains comprehensive training information, including SBIRT training materials and slides for delivery in-person and online; practice cases; alcohol and drug fact sheets; screening tools; resources; research; Internet links; and additional resources. A link to the Web site is presented on BCM's Graduate Medical Education Web page at <http://www.bcm.edu/education/sbirt/index.cfm?PMID=0>.

Program Challenges/Barriers

Time/Scheduling

Training must be scheduled months in advance, and each residency's process for scheduling training is different. At least two hurdles must be crossed: identifying the person in each residency who is responsible for scheduling, and identifying a time that will accommodate most trainees. It has taken considerable time and effort to schedule training.

EMR System

The BCM InSight SBIRT staff has tried unsuccessfully to update prescreening questions in the Epic EMR system with HCHD to reflect the current evidence base. The IT administrators who oversee Epic have indicated that the screening questions that currently appear in Epic cannot be modified until other system priorities are addressed. The BCM InSight staff is continuing negotiations with the administrators for the use of evidence-based screening tools.

Residency Participation

The BCM InSight SBIRT staff has invited other residencies and other University of Texas medical schools to participate in an effort to meet training targets.

Adherence to Protocols

Residents require continuous reminders and booster sessions to increase adherence to SBIRT in clinical practice. Otherwise, the number of referrals tends to drop off.

Preceptors

Residency programs that have a large number of residents and only a few champions have had difficulty precepting all residents. For example, Internal Medicine has two faculty champions and 44 residents—this has been a challenge for the preceptors. The BCM InSight staff provided booster training during grand rounds to increase training support for the residents.

Feedback to Champions

As part of Level 2 training, champions were given digital recorders to tape their SBIRT patient encounters. The de-identified recordings were uploaded to a secure Web site, where a subcontracted motivational interviewing (MI) coach listened to the recordings and provided direct feedback to each champion by phone or email. The greatest barrier to this coaching method has been the amount of time required to obtain the consent of patients. Faculty champions have indicated that this represents an insurmountable hurdle in providing ongoing coaching in this way.

Team Roles and Responsibilities

- **Principle Investigator/Project Director:** James H. Bray, Ph.D., is an associate professor of Family and Community Medicine and Psychiatry at BCM. Dr. Bray oversees daily project operations, training, and implementation. He is responsible for all final administrative and operational decisions related to the project. Dr. Bray serves as the primary contact person with SAMHSA and oversees all reporting to SAMHSA. He also oversees the grant budget and coordinates grant activities internally at BCM and with external partners (e.g., Veterans Administration, University of Pittsburgh and Mercer University School of Medicine).
- **Assistant Project Director:** Alicia Kowalchuk, D.O., is a board-certified family physician and addiction medicine specialist. She is core faculty and assists with the management of the overall project. Dr. Kowalchuk coordinates training activities and trains residents and faculty on medical aspects of substance use and abuse.
- **Core Faculty:** Vicki Waters, M.S., PA-C, is a board-certified physician assistant with special interest and training in addiction medicine. Ms. Waters serves as core faculty and assists with project implementation. She also trains residents and faculty on the medial aspects of substance use and abuse. Ms. Waters also worked with the Texas InSight Program.
- **Core Faculty:** Scott Basinger, Ph.D., is associate dean and director of the Addiction Scholars Program. He is faculty champion for SBIRT and teaches both faculty and resident champions in the SBIRT medical residency program. Dr. Basinger provides an important administrative link to BCM.
- **Project Evaluator:** Larry Laufman, Ed.D., is associate director of the Chronic Disease and Control Center at BCM. He serves as core faculty and project evaluator. He also assists with project implementation.
- **Research Coordinator:** Elizabeth Shilling, M.A., assists with the preparation of training materials and with the SBIRT medical residency evaluation.
- **Administrative Assistant:** Amanda Clinton, M.S., assists with scheduling and coordination of training activities and supporting the InSight SBIRT staff.

Administrative Observations

- The InSight SBIRT medical residency program was built upon the foundation established by the Texas State SBIRT program—Project InSight—which was a Cohort I SAMHSA SBIRT State grantee. BCM adapted the Texas InSight model for its training program.
- BCM faculty and residents provided the screening portion of SBIRT services as part of routine health care screening in HCHD's emergency centers and selected community health program centers from 2003 through 2008.
- BCM's SBIRT medical residency program fills an important gap left in training for residents, faculty, and behavioral health professionals who practice in the HCHD and elsewhere when the Texas State SBIRT grant ended.
- BCM's SBIRT train-the-trainer model is designed to gradually transition SBIRT training, curriculum development, and training implementation to faculty and resident champions by the end of the grant period.
- The project staff, associate dean, and champions are enthusiastic about SBIRT and invested in ensuring its sustainability at BCM.

Curriculum

Curriculum Review

The BCM SBIRT InSight project curriculum was adapted from Texas InSight Project's SBIRT training protocol, which employs evidence-based screening tools and interventions. A two-tier curriculum provides Level 1 or core SBIRT training for first-year residents, and Level 2 or in-depth training for champions. A description of the BCM InSight SBIRT training components is provided below.

Core Curriculum

Screening

Residents and champions are taught a two-part screening procedure using validated tools. Instruction on the following three-question prescreen is first taught to detect alcohol or drug use:

1. Do you smoke or use other tobacco products?
2. When was the last time you had more than four drinks in one day?
3. How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?

In Part 2, a patient who screens positive for any of the three questions above is further assessed using the Alcohol Use Disorders Identification Test (AUDIT), the 10-question Drug Abuse Screening (DAST), or the CRAFFT (for adolescents).

Brief Intervention

PGY-1 residents are familiarized with the “MI spirit” of brief interventions. The Transtheoretical Model of Change and MI methods are the foundation for the evidence-based interventions that are taught. Faculty and resident champions are fully immersed in training on the stages and processes of change, and the practice of MI. The champions also are provided with training tools to use as mentors and preceptors for junior residents. BCM is collaborating with the University of Pittsburgh and Mercer University SBIRT programs to develop a checklist to assess medical resident proficiency in applying the motivational interviewing skills.

Referral to Treatment

Residents and champions are taught MI skills related to referral to treatment. They are familiarized with the procedures for making referrals within the HCHD, Baylor, and the MEDVAMC, as well as the realities of treatment availability in the community. The residents and champions also are provided with referral to treatment options in the Houston, Texas area and including for veterans.

Level 1 Training—Core Component

The overall objectives of Level 1 (core) training are to teach the InSight SBIRT model to PGY-1 residents in the context of the substance use disorders spectrum and to help them develop skills for conducting SBIRT in diverse medical practice settings. The Level 1 training is provided in two phases. Phase 1 is presented in didactic format in person. Phase 2 provides experiential training for residents in hospital and clinic settings.

Phase 1 training consists of four modules of instruction on introduction to substance use disorders and initial screening for tobacco, alcohol, and drug use using validated single question tools; in-depth screening for patients with positive results on initial screening and screening tools utilized (AUDIT, DAST, CRAFFT), foundation and application of BI and MI, and treatment and referral to treatment for substance use disorders. Level 1 training is designed to be delivered sequentially in either one 4-hour session, two 2-hour sessions, or four 1-hour sessions to accommodate the scheduling requirements of the participating residency programs. PowerPoint slides, role-playing, an informational badge card, and other training tools are used to support the training. The curriculum can be modified as needed to include contextual or other information pertinent to the specific residency program. For example, Psychiatry focuses more on comorbidity, and Family Medicine focuses more on CRAFFT. Learning objectives and teaching methods for each module are shown in Table 1, below.

Phase 2 training engages residents in experiential learning by providing the opportunity to practice SBIRT under the supervision of champion preceptors in hospital and clinic settings.

Level 2 Training—Champion Component

The Level 2 training component provides in-depth training for faculty and resident champions using a train-the-trainer approach. Nine training modules are used to prepare the champions to model SBIRT skills for residents, observe the residents in their practice of SBIRT, and provide them with feedback to promote SBIRT skills-building. Learning objectives and teaching methods for each module are shown in Table 2. The training is delivered in person. Training tools and resources, including textbooks, are provided to the champions to support their roles as mentors and preceptors.

The overall objectives of the Level 2 training are to:

- Explain the InSight SBIRT model in the context of the substance use disorders spectrum
- Discuss the evidence for SBIRT both overall (e.g., settings and cost benefit) and for each component (e.g., different screening instruments' validities)
- Develop skills both for conducting SBIRT and precepting SBIRT
- Discuss SBIRT in special populations (e.g., adolescents, patients with co-occurring disorders)
- Introduce additional addiction medicine concepts (e.g., medication management, pain and addiction, and impaired health professionals)

Table 1. Level 1 In-Person Training Modules

Level 1 In-Person Modules	Learning Objectives	Training Methods
Module 1: Introduction to SBIRT: Screening, Brief Intervention, Referral to Treatment, Screening	<p>Introduction:</p> <ul style="list-style-type: none"> • Identify the main components of SBIRT • Explain the rationale for research support of SBIRT • Discuss medical and social influences on our understanding of substance use • Describe the Substance Use Disorders (SUD) continuum • Define standard drink and healthy drinking limits <p>Screening:</p> <ul style="list-style-type: none"> • Discuss the role of SUD screening in preventative health care • List common SUD screening instruments • List the three InSight screening questions • Demonstrate the appropriate use of validated screening tools for further assessment 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Faculty demonstration • Badge card • Small group role-play of screening (S) • Feedback from faculty
Module 2: Brief Intervention I: Motivational Interviewing and Stages of Change	<ul style="list-style-type: none"> • Explain MI as a method for effective physician–patient communication • Delineate the role of the Transtheoretical Model in MI • List the stages of change • Discuss the processes of change 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • Case presentations

Level 1 In-Person Modules	Learning Objectives	Training Methods
Module 3: Brief Intervention II: Implementing MI and the Change Model	<ul style="list-style-type: none"> • Discuss MI techniques in clinical settings • Demonstrate use of the readiness ruler to identify stages of change • Explain how to use techniques through case examples 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • Small group role-play of screening and brief intervention (SBI) • Feedback from faculty
Module 4: Referral to Treatment	<ul style="list-style-type: none"> • List the types of treatment options available • Discuss placement criteria and appropriate referrals • Explain how to make referrals within the HCHD, Baylor, and Department of Veterans Affairs systems • Describe the current realities of treatment available in the community 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • Practice one complete screening, brief intervention and referral to treatment (SBIRT) • Feedback from faculty

Table 2. Level 2 In-Person Training Modules

Level 2 In-Person Modules	Learning Objectives	Training Methods
Module 1: What SBIRT Means to You	<ul style="list-style-type: none"> • Describe the roles and responsibilities of faculty and resident champions • Discuss appropriate coding and billing for SBIRT service provision • List ways to document SBIRT in electronic medical record systems 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • SBI practice
Module 2: Substance Use Disorder Screening	<ul style="list-style-type: none"> • Discuss screening for SUDs as they relate to preventive health care • Discuss the evidence behind SBIRT • List common subscreening instruments • List the InSight brief screening questions 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • SBI practice • Role-playing
Module 3: Precepting SBIRT and the Brief Intervention	<ul style="list-style-type: none"> • Describe the 1-Minute Preceptor Five Micro Skills system of precepting • Demonstrate effective use of the Five Micro Skills in precepting SBIRT concepts • Discuss less formal precepting and mentoring of SBIRT by both faculty and resident champions • Demonstrate use of MI in providing a brief intervention (BI) 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • Role-playing

Level 2 In-Person Modules	Learning Objectives	Training Methods
Module 4: Adolescents and Substance Use	<ul style="list-style-type: none"> • Discuss the epidemiology of substance use in adolescents at both the local and national levels • List warning behaviors of adolescent substance problems • Describe how to effectively elicit and support the adolescent patient's concerns about the substance use of family, friend or caretaker • Use CRAFFT to conduct adolescent SBIRT 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card
Module 5: Referral to Treatment	<ul style="list-style-type: none"> • List the different types of treatment options available • Discuss placement criteria and appropriate referrals • Explain how to make referrals to treatment within local systems • Describe the current realities of treatment availability in the community 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides • Badge card • Practice a complete SBIRT • Feedback from faculty
Module 6: Medication Management of Substance Use Disorders	<ul style="list-style-type: none"> • Describe evidence-based strategies for alcohol, opiate, and benzodiazepine withdrawal • Discuss the postacute withdrawal syndrome in context of long-term recovery • List opiate maintenance therapies • Discuss medications that are useful in long-term treatment of alcohol use disorders 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides

Level 2 In-Person Modules	Learning Objectives	Training Methods
Module 7: Pain and Addiction	<ul style="list-style-type: none"> • Describe the prevalence of pain in patients with substance use disorders • Discuss psychiatric comorbidity in chronic pain patients • Summarize strategies for managing pain while minimizing risk of dependence • Identify and manage patients with nonmedical use of prescription medications 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides
Module 8: Co-Occurring Disorders	<ul style="list-style-type: none"> • Discuss the prevalence of co-occurring disorders • Describe challenges in diagnosis and management of patients with co-occurring disorders • Explain the link between substance use disorders and trauma, including posttraumatic stress disorder 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides

Level 2 In-Person Modules	Learning Objectives	Training Methods
Module 9: The Impaired Professional	<ul style="list-style-type: none"> • List risk factors of substance abuse among medical professionals • Define hallmarks of addiction and appropriate levels of observation that can reasonably lead to the conclusion that an individual is or may be impaired • Explain common difficulties associated with identifying cases of medical professionals abusing substances • Describe strategies that can help prevent physician/provider impairment • List resources available to help impaired providers deal with their substance abuse 	<ul style="list-style-type: none"> • Lecture with PowerPoint slides

Curriculum Tools

BCM developed an array of tools to support the InSight medical residency program curriculum. Most of these tools are available at BCM's SBIRT Medical Residency Training Program Web site: <http://www.bcm.edu/education/sbirt/index.cfm?PMID=0>.

Badge Card

A badge-size reference card that summarizes the basic information taught in Level 1 training is distributed to each resident and champion. The badge card is designed to attach to the physicians' standard identification badge clips to ensure that it will be carried at work. The card provides information on (1) the SBIRT model—sequential steps to use during healthcare interactions—screening, brief intervention, and referral to treatment; (2) National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines for safe alcohol consumption; (3) categories of drinking pyramid; (4) AUDIT and DAST score limits for categories of drinking; (5) readiness ruler; and (6) referral phone numbers. The badge card is available online at BCM's SBIRT Web site.

Training Slides

Complete sets of PowerPoint slides that are used for didactic training are available online.

Online Screening Tools

The AUDIT, DAST, and CRAFFT are available at BCM's SBIRT Web site.

Patient Case Scenarios and Checklist

BCM's InSight SBIRT project has developed tools for SBIRT role-play practice, including patient case cards, SBIRT provider cards, and an observer checklist. Instructions are provided for the use of the tools with dyads involving "provider and patient" or triads involving "provider, patient, and observer."

Fact Sheets and Links

National Institute on Drug Abuse (NIDA) fact sheets on alcohol use and healthy drinking limits, drug use and types of drugs, and the stigma of alcohol and substance use are available at the Web site. A page containing a compilation of links relevant to understanding substance use, substance use disorders, treatment, recovery, prevention, education, organizations devoted to the study of topics related to substance use, and resources for families also are available.

Textbooks

Faculty champions receive two textbooks to use during their precepting sessions with residents: *Motivational Interviewing, Second Edition: Preparing People for*

Change, by William R. Miller and Stephen Rollnick, and *Principles of Addiction Medicine, Fourth Edition*, by Richard Reis, et. al.

Online Training

The BCM InSight SBIRT medical residency program is developing 6 hours of online training. The online training will include a videotape library of a variety of 3- to 7-minute screening and brief interventions. The videos also will be appropriate for use during in-person trainings.

Curriculum Observations

- The BCM SBIRT InSight project curriculum was adapted and expanded from Texas InSight Project's SBIRT training protocol, which employs evidence-based screening tools and interventions.
- A two-tier curriculum provides core SBIRT training for first-year residents in Family Medicine, General Internal Medicine, Psychiatry, Emergency Medicine, and Medicine-Pediatrics, and in-depth training for faculty champions and resident champions.
- A three-question initial screen using validated single item screening questions for alcohol and drugs is used to detect the presence of alcohol or drug use.
- AUDIT, DAST, or CRAFFT are used to further screen a patient who has a positive result on any of the initial screening questions. Patients' levels of substance use is determined by evidence-based cut-off scores on these instruments allowing for tailoring the intervention and referral to treatment to individual needs. An array of curriculum tools supports the InSight medical residency program curriculum.
- Booster training sessions are provided to residents and champions.
- The tobacco-screening question was added at the request of the HCHD due to an institutional requirement for screening with direct referral to the HCHD Smoking Cessation program.

Approach/Implementation

Approach

The BCM SBIRT Medical Residency Training Program employs a physician-implementation model using a phased train-the-trainer approach to prepare faculty and resident champions to assume increasing—and eventually complete—responsibility for sustaining the Baylor SBIRT InSight program. During years 1 through 2, SBIRT staff and core faculty provided all SBIRT training to residents and champions. Beginning in Year 3, faculty champions will assume increasing responsibility for teaching SBIRT to residents and champions. By Year 5, faculty champions will be fully responsible for teaching SBIRT to residents, faculty champions, and resident champions. This approach is designed to ensure the dissemination and sustainability of SBIRT within BCM after the grant period ends.

The SBIRT project staff identifies faculty and resident champions who have an expressed interest in alcohol and substance use issues and in academic medicine. The champions' role is to precept residents in SBIRT and integrate the SBIRT curriculum and training into the structure of each participating medical residency so the training becomes self-perpetuating.

Residency Training Implementation

The BCM InSight SBIRT medical residency program's implementation model is patterned after the Texas InSight SBIRT model. Generalists (physicians, residents, nurses, and staff) perform the initial screen of patients and make referrals to embedded InSight SBIRT specialists for additional assessment and interventions. BCM residents will be trained in alcohol, tobacco, and drug screening using validated screening instruments. They also will be familiarized with the "MI spirit" in order to have a working knowledge of the brief intervention services that the Texas InSight Project provides. The residents are not expected to become fully proficient in MI during the four-hour training session; however, they are trained to be able to deliver a brief intervention. The resident and faculty champions, who will receive in-depth training in screening and MI over 3 consecutive days, will precept the residents in screening and BI, using MI techniques in hospital and clinic settings in order to increase their own and the residents' proficiency in SBIRT.

BCM has implemented a two-tier SBIRT training program that provides Level 1 (core or basic training) for all first-year residents and Level 2 (in-depth training) for faculty

champions and resident champions in Emergency Medicine, Family and Community Medicine, Internal Medicine, Psychiatry, and Internal Medicine-Pediatrics.

The SBIRT project staff, core faculty, and a certified MI trainer and family medicine physician provide didactic and clinical training in SBIRT. Residents acquire clinical practice and skills development in precepting sessions at Ben Taub General Hospital and HCHC community clinics, the MEDVAMC, and Texas Children's Hospital.

BCM InSight SBIRT trainers provide booster sessions to residents and champions quarterly at program update meetings. However, at the residents' and champions' request, two refresher trainings will be added so booster trainings will occur six times per year.

Champion Training

Champion training is provided over 3 full days in the spring. The core SBIRT faculty prepares and conducts 8 hours of SBIRT and addiction medicine training, which is offered once a year. In addition, a subcontracted certified MI trainer provides 16 hours of MI training. The MI training is offered twice a year, once in May and once in June, to ease residency programs' scheduling challenges. Attendance at all 24 hours of training is mandatory for each champion.

Level 2 training is designed specifically for SBIRT faculty champions and resident champions. The completion of Level 1 training is not a prerequisite for participation in the champion training. Level 2 training encompasses Level 1 information in greater detail and provides much more comprehensive SBIRT training in nine modules. Faculty champions receive two books that they are expected to use during their precepting sessions with residents: *Motivational Interviewing, Second Edition: Preparing People for Change*, by William R. Miller and Stephen Rollnick, and *Principles of Addiction Medicine, Fourth Edition*, by Richard Reis, et. al.

As part of Level 2 training, champions were given digital recorders to tape their SBIRT patient encounters. The de-identified recordings were uploaded to a secure Web site and a subcontracted MI coach listened to the recordings and provided direct feedback to each champion on their MI skills by phone or email. The greatest barrier to this coaching method has been the amount of time required to explain the need for recording to patients and obtain their consent.

Faculty Champions

Two or more faculty champions are recruited from each participating residency. The BCM InSight SBIRT Medical Residency Training Program has 11 faculty champions, including four in Internal Medicine, three in Family and Community Medicine, two in

Psychiatry, one in Emergency Medicine, and one in Internal Medicine-Pediatrics. Typically, the residency directors poll faculty to identify who is interested in alcohol and substance use issues and is willing to assume SBIRT preceptor responsibilities as part of their routine duties. The responsibilities of a faculty champion include:

- Developing SBIRT skills with patients in their clinical practice
- Discussing SBIRT with their residents
- Observing SBIRT skill performance of residents directly during precepting sessions and providing feedback
- Conducting Level 1 training sessions within their residency program
- Updating the Level 1 training modules as new information and methods become available
- Assisting core faculty with a Level 1 in-person training session during Year 3
- Co-teaching Level 1 training in Year 4
- Teaching Level 1 training independently, with core faculty observation and feedback in Year 5

During years 1 through 4, 5 percent of each champion's salary is supported by the grant. In Year 5, 10 percent of each champion's salary is supported by the grant. By the end of the five-year grant, the Baylor SBIRT InSight medical residency program expects to have the curriculum and training program be fully integrated into the BCM primary care residencies.

Resident Champions

Two upper-level resident champions are recruited yearly from each participating residency to serve as peer mentors to junior residents. Residency directors and faculty champions select the resident champions based on the residents' interest in developing SBIRT skills and their commitment to serve as a mentor to other residents. Priority is given to students who are (1) interested in learning more about substance use, (2) being trained to train junior residents, and (3) planning careers in academic medicine so they can disseminate the training later in their careers. The residents attend the Level 2 training with the faculty champions. Mentoring also is provided by resident champions. Resident champions also provide mentoring. Baylor's SBIRT InSight program has trained a total of 17 resident champions.

Meeting with Resident Champions

The site visit team met with resident champions to learn their impressions of SBIRT and SBIRT training, and to get their recommendations for SBIRT training. The residents were candid. Their comments are provided below.

Impressions of SBIRT:

- SBIRT provides useful tools and will make a great impact.
- Seventy percent of the patients have substance use issues. Some residents have avoided discussing alcohol and substance use with patients because they lack the skills to broach the topic, the resources to do anything about it, and the time to deal with it.
- SBIRT provides tools to deal with patients' alcohol and substance use.
- Motivational Interviewing will be useful for working with patients in addressing issues such as chronic illnesses.
- SBIRT is synergistic. You feel like you have helped a patient, so you are more likely to use it.
- SBIRT requires a paradigm change in the medical culture from “teaching by reprimanding” to “teaching by motivating.”
- SBIRT can be incorporated in a 15-minute patient visit.

Impressions of SBIRT Training:

- Talking with patients about their substance use is stressful because you don't know how to help them. No one teaches you how to talk to patients. The training provides a new skill and confidence to interact with patients more meaningfully.
- The training captured my attention because it was fluid, dynamic, and did not have a canned feel to it.
- The training brought the specialties together. It was a great opportunity to work with residents across specialties.
- Prior to SBIRT, there was little training on risky use versus addiction.
- The first SBIRT training started to work for me and the next training built additional skills.

Recommendations for SBIRT training:

- Starting SBIRT training earlier will help remove the stigma that some doctors might have regarding patients who abuse alcohol and drugs so that they can be approached with less judgment.
- SBIRT should be taught in medical school during physical diagnosis class when students are learning how to take a history of present illness, surgical history, and social history.
- Training is needed on how to incorporate MI into taking the patient's medical history.
- Make the training part of the medical school curriculum at the beginning of year 1 so interns/residents receive feedback during the course of the 3 years.
- Offer the training several times a year.
- Online training is too loose; it is not taken seriously. Continue to train in small groups. Do not train during grand rounds.
- Residents need more feedback from faculty.
- Provide more information on why SBIRT is an important part of training.
- Residents do not want to have to complete a lot of paperwork or fulfill another requirement; less frequent feedback is preferable.
- Add the training to the primary care track as part of the curriculum.
- For Emergency Medicine, schedule the training during the first month of internship.

Resident Training

Resident Training—Phase 1

All first-year medical residents of participating residencies receive four hours of Level 1 (basic) SBIRT training, which is presented in person. The Level 1 training consists of four one-hour modules that can be presented in one or more sessions to accommodate the scheduling preferences of the individual residency programs.

The training is provided in didactic and practice sessions that accommodate the individual residencies' overall training schedules. For example, training for Internal Medicine residents was conducted in several sessions to accommodate small groups of five to eight residents. In addition to receiving four hours of training, the residents' SBIRT skill performance was observed during precepting sessions with faculty champions, who also provided feedback. In addition, residents are engaged in regular experiential learning sessions with preceptors in the clinic. The preceptors model SBIRT for the residents, provide live supervision, and review patient charts. The residents are

monitored and observed during their regular patient care encounters on implementation of the InSight SBIRT model.

All the 2011 first-year medical residents in Family Medicine, Internal Medicine, Psychiatry, and Internal Medicine-Pediatrics have received Level 1 SBIRT training. At the time of the site visit, the Emergency Medicine residents had not been trained. A one-hour booster training session is scheduled three to six months after completion of the Level 1 modules. The booster session will review the InSight SBIRT model and procedures and answer questions about SBIRT implementation.

Resident Training—Phase 2

Residents and faculty provide SBIRT services to patients at the Baylor Clinic, the MEDVAMC, Texas Children's Hospital, and the HCHD, which includes Ben Taub General Hospital and three of 11 community health centers. SBIRT services are part of routine health care screening services at MEDVAMC and in the HCHD.

Screening

BCM residents and faculty screen patients using paper-based and electronic screening tools. The screening tools and methods of data collection (paper-based or electronic) vary by setting. The InSight SBIRT program has been successful in having all screening instruments—the three-question initial screen, AUDIT, DAST, and CRAFFT—incorporated in the EMR at the Baylor Clinic. Annual universal screening is performed nationally at the Department of Veterans Affairs (VA) using the AUDIT-C. The HCHD, which encompass Ben Taub General Hospital and the community health centers, is transitioning from a paper-based records system to EMR. At this time, both methods of screening are being used. AUDIT, DAST, and CRAFFT are incorporated into the HCHD EMR, and screening is performed at least annually. The screening questions currently in the Ben Taub General Hospital EMR were rolled out under the State's InSight program. Some of the measures are not evidence-based. BCM is in discussions with the hospital to replace the screening questions that are not evidence-based with the three prescreening questions used by the InSight SBIRT medical residency program. These requested changes were in queue at the time of the site visit awaiting completion of the full EMR rollout within HCHD to be processed. Since the site visit, these changes have been made.

At Ben Taub General Hospital and within the BCM clinics, patients who screen positive for alcohol or substance use are further screened using AUDIT, DAST, and CRAFFT. Residents and faculty can access these tools by typing "dot SBIRT" (.sbirt) into the medical record system. The Epic system also contains the readiness ruler, referral sources, and fields for documenting patient needs and agreements. The screening event is documented in the patient's record, and the preceptors review

patients' medical records to confirm that screenings are actually being performed. In keeping with the InSight model, positive screens are directed to an outreach screening assessment and referral (OSAR) provider in the community.

Brief Intervention

The residents' practice of brief intervention in clinical settings varies depending on the setting. The residents who practice in the community health center continuity clinics are encouraged to perform brief intervention with their patients who screen positive for alcohol or substance use. In this setting, residents are able to establish continuity of care for a select group of patients for the duration of their residency. In contrast, residents who practice at Ben Taub General Hospital can either perform brief intervention with their patients or refer them to HCHD's InSight program SBIRT specialists for brief intervention and treatment referral when needed.

Referral to Treatment

Residents are provided with information on how to make referrals, and all referrals are documented in patients' records. Phone numbers for referral sources for veterans and Alcoholic Anonymous appear on the SBIRT badge card that is given to each trainee. Patients at MEDVAMC are referred for treatment within the Department of Veterans Affairs. The HCHD InSight SBIRT program maintains an SBIRT referral fax line. The staff checks for messages and returns calls. The main challenges are the lack of referral sources, limited treatment capacity at the existing treatment facilities, and extended waiting time for treatment. Residents are encouraged to contact an OSAR who will make the appropriate referral. Residents also can send a request within the HCHD Epic EMR for a referral to the onsite SBIRT program, InSight.

Training Dissemination

Baylor's SBIRT InSight medical residency program staff provides quarterly training for the trauma team. The training enables the trauma team to meet the requirements for Level 1 certification. The team also trains community behavioral health specialists who perform SBIRT in the HCHD community health centers. Initially, the community behavioral health specialists participated in trainings with medical faculty and resident champions. However, the trainers learned that the medical champions and behavioral health specialist had unique practice perspectives. As a result, separate trainings are provided so medical champions and behavioral health specialists can receive the practice-specific training they require. BCM plans to invite other University of Texas medical schools to participate in the InSight SBIRT residency trainings.

Sustainability

A self-perpetuating train-the-trainer model is designed to sustain Baylor's InSight SBIRT Medical Residency Training Program. Each year, additional faculty and resident champions are added to the program. Faculty and resident champions, as the purveyors of SBIRT training, will disseminate the Baylor InSight SBIRT train-the-trainer model within their respective residency training programs. The implementation model is designed for faculty to assume more responsibility for teaching SBIRT to the residents each year. By Year 5, faculty will be the primary trainers of SBIRT.

The SBIRT program staff is working with each residency program to identify areas in their existing curricula structure where the SBIRT curriculum best fits to ensure its sustainability after the grant expires.

Approach/Implementation Observations

- The BCM SBIRT Medical Residency Training Program employs a physician implementation model using a phased train-the-trainer approach that prepares faculty and resident champions to assume complete responsibility for sustaining the Baylor SBIRT InSight program.
- Residents receive four hours of basic (core) in-person SBIRT training consisting of four 1-hour modules that can be presented in one or more sessions, as well as regular experiential learning sessions with preceptors in the clinic.
- Residents are familiarized with the "MI spirit" in order to have a working knowledge of brief intervention services embedded in HCHD and are trained to perform a brief intervention when needed.
- The training for faculty and resident champions is provided over three full days; attendance at all 24 hours of training is mandatory for all champions.
- Booster training sessions are provided to residents and champions four to six times per year.
- The screening instruments are fully incorporated in the EMR at the Baylor Clinic, MEDVAMC, and in the HCHD.
- The salaries of faculty champions are supported by the grant.
- The Medical Residency Training Program also provides SBIRT training to behavioral health professionals, nurses, and physician assistants.
- In clinical practice, the residents' practice of BI varies by setting. Residents who practice in the community health center continuity clinic are encouraged to perform brief intervention, while residents who practice at Ben Taub General Hospital can either perform brief intervention or refer to the onsite SBIRT InSight specialists. Residents at MEDVAMC perform BI with all patients who screen positive.

Data Collection and Evaluation

The BCM evaluation assesses the training satisfaction of residents and champions. Self-report data is collected from residents, resident champions, and faculty champions to assess training satisfaction using the GPRA instrument immediately after the first training event (baseline). Follow-up data also is collected 30 days after training to assess the residents' and champions' SBIRT activities.

At the time of the site visit, data was available only for 2010. The trainees' proficiency in SBIRT is not assessed at this time. Data provided by the evaluator (below) indicated that at the end of the Level 1 training (baseline), more than 90 percent of trainees reported satisfaction with the SBIRT training.

Training Satisfaction Criterion	Agreed or Strongly Agreed
The training was well organized.	93.2%
The material presented will be useful in dealing with substance abuse.	93.2%
The instructor was knowledgeable about the subject matter.	98.6%
The instructor was well prepared for the course.	98.6%
The instructor was receptive to participant comments and questions.	97.3%
I am effective when working in this area.	60.8%

The trainees also reported that the strengths of the training included their heightened awareness of the patient population, the motivational interviewing skills they acquired, and the screening and referral information they received.

The trainees also provided constructive feedback on the training. Some of their recommendations included making more frequent use of video training segments, having more practice and less didactic training, breaking the training into shorter segments, reducing the length of the training, and including more patient cases.

The evaluator also reported that at follow-up, 83 percent of the trainees indicated they had applied what they had learned in their work, 54 percent indicated they had shared training information with others, and 25 percent reported sharing training materials with others.

A paired samples t-test compared satisfaction data at baseline and 30 days later (follow-up) for eight matched questions (GPRA). The results indicated a significant difference, with a decrease in satisfaction from highly satisfied to satisfied. However, the majority of residents continued to agree that they were satisfied with the training.

Residents, resident champions, and faculty champions are asked to provide monthly data on their use of SBIRT with patients. Resident champions also provide information on their discussions with residents and interns regarding SBIRT. The residents' responses are confidential and are not reported to their residency supervisors or director. Faculty champions provide additional information on their SBIRT precepting activities. Data is collected via the Internet. An automated email containing a link to an online instrument is sent to the respondents each month. Reminders also are sent by email.

More than 85 percent responded to the monthly surveys. From the data collected in the most recent month prior to the visit (March), the residents and faculty reported using SBIRT with 45 percent of their patients.

Data Collection and Evaluation Observations

- The BCM SBIRT evaluation assesses the training satisfaction of residents and champions.
- At follow-up, 83 percent of the trainees indicated that they had applied what they had learned in their work.
- Although residents' satisfaction with SBIRT appeared to decrease after 30 days, the majority of residents continued to agree that they were satisfied with the training.

Program Area Summaries

The site visit team met with the some faculty champions individually and with others in a group setting. Synopses of their comments are provided below.

Internal Medicine

Participant: Dr. Nicholas Masozera

Observations: Major topics of discussion included resident champions, precepting, and the value of SBIRT.

Dr. Masozera is an Internal Medicine faculty champion at MEDVAMC, where he acquired SBIRT experience prior to the SBIRT grant. Dr. Masozera identified resident champions by obtaining recommendations from colleagues and sending announcements by email. Dr. Masozera precepts interns and residents. He participated in Baylor's faculty SBIRT training in May 2010. Dr. Masozera recognizes the value of MI for its ability to affect change in patients' behavior over time, the management of alcohol and drug use, and chronic disease management. He explained that MI casts physicians as coaches to empower patients to act as leaders in setting goals for their own risk reduction and health improvement.

Emergency Medicine

Participant: Dr. Sarah Bezek

Observations: Major topics of discussion included faculty training, resident champions, and resident training.

Dr. Bezek is the faculty champion for Emergency Medicine. She received previous SBIRT training at the BNI ART Institute in Boston, Massachusetts. She recruited resident champions during grand rounds and found three residents who were interested. She noted that the Emergency Medicine residents will teach the physician assistants. She explained that Emergency Medicine is very hierarchical and realistic goals need to be set for the residents. She finds it useful to remind residents why it is important to be trained in SBIRT.

Family and Community Medicine

Participant: Dr. Fareed Khan

Observations: Major topics of discussion included resident champions, scheduling trainings, residents' use of SBIRT, and EMR.

Dr. Khan, the Family and Community Medicine champion knew about SBIRT but had no experience with it before the grant. He indicated that incidence and prevalence of alcohol and substance use provide opportunities to use SBIRT techniques each day. Dr. Khan identified resident champions by asking colleagues and sending email announcements. Scheduling was challenging because the residents are widely dispersed in hospital and clinic settings. He involved the chief residents in scheduling the trainings so that scheduling has become less of an issue. SBIRT is also reinforced in lectures. Dr. Khan's general sense is that residents are interested in SBIRT and are using it. The training will become self-perpetuating as more champions are trained. The residents are aware that they can refer patients to InSight. Dr. Khan indicated that it will be helpful to have the SBIRT template included in the EMR in all clinical settings.

Internal Medicine-Pediatrics

Participant: Dr. Elaine Wendt

Observations: Major topics of discussion included the role of faculty champion, patient population, specialty's experience with SBIRT, and implementation of SBIRT.

The team met with Dr. Wendt, the faculty champion for Internal Medicine-Pediatrics. This is Dr. Wendt's first year as an SBIRT faculty champion and she had received SBIRT training. Dr. Wendt indicated that she is fully supportive of SBIRT and is looking forward to working with residents. There are 24 residents in Internal Medicine-Pediatrics who practice in the HCHD.

Clinic staff had received SBIRT training three or four years ago under the Texas InSight program and found it useful. Approximately 30 percent of patients seen in the clinic have an ongoing or previous drug or alcohol problem. Dr. Wendt indicated that the resources SBIRT provides are invaluable. Now, more patients are being identified who are at risk for alcohol and substance abuse and other chronic diseases such as diabetes. The MI training enables physicians to counsel patients immediately.

Dr. Wendt also commented that it is useful to have SBIRT information in the medical record. Some of the residents who had received training were becoming more effective at identifying problem behavior using the AUDIT screening tool and following up with patients in the clinic.

Dr. Wendt decided to champion SBIRT because she believes the research supports the intervention. She commented that MI provides the skills needed to obtain information quickly and to work with patients who do not recognize the need to change. Moreover, some physicians' approach with patients tends to be paternalistic—"I tell you and you do it"—which can be ineffective. Furthermore, some physicians get exasperated when patients do not take their advice. MI helps physicians realize that the patient is in control and provides physicians with the tools to help the patient take control of making changes.

Psychiatry

Participant: Dr. Asim Shah

Observations: Major topics of discussion included SBIRT training for Psychiatry residents, resident champions, and clinical practice of SBIRT.

Dr. Asim Shah is deputy chief of Psychiatry for the Harris County Hospital District/Ben Taub General Hospital/VA Medical Center, and associate director of the Community Behavioral Program for Harris County Hospital District. He also serves as the medical director of the Intensive Outpatient Program in the Neuropsychiatric Center at Ben Taub General Hospital. He is involved with the residents in the Clinician Educator Track, and serves as preceptor in the Ben Taub and Harris County Community clinics, where he holds outpatient clinics. Dr. Shah is also assistant professor for Community and Family Medicine at BCM, where he teaches Psychiatry, Neurology, and Internal Medicine. There are 50 Psychiatry residents at BCM; 12 new residents are admitted to the program each year. Dr. Shah completed the SBIRT training last year along with two residents. There are two Psychiatry faculty champions who practice in the HCHD and at the VAMC.

Dr. Shah indicated that he is fully supportive of SBIRT and has supported the curriculum and training program from the start. SBIRT training is mandatory for Psychiatry residents; 43 hours are blocked out each year for all residents to have SBIRT training. The Psychiatry Department has participated in the training for two years.

Dr. Shah is responsible for selecting Psychiatry residency champions. He looked for mature residents who have leadership skills and could be good mentors to other residents. This year, Dr. Shah chose the chief residents.

Psychiatry residents see patients in several settings—HCHD inpatient, the Psychiatric Emergency Room, emergency room, outpatient clinics, inpatient substance use groups, and intensive outpatient unit. Every patient is screened. If there is a positive result,

patients are referred to a counselor, substance use group, or, if appropriate, detoxification.

Dr. Shah considers SBIRT to be an excellent initiative for Psychiatry residents. Seventy to 80 percent of patients present with alcohol and substance use issues. SBIRT provides the tools that help residents work with patients in a more organized way. Prior to the training, not much screening was being done; some aspects of SBIRT occurred, but not consistently.

Summary of Onsite Observations

The site visit team identified the following key topics during the meetings and discussions held during the 2-day site visit:

Summary of Onsite Observations

- The InSight SBIRT Medical Residency Training Program is an outgrowth of the Texas State SBIRT program—Project InSight—which was funded as one of SAMHSA's first cohort of SBIRT State grantees in 2003.
- The BCM InSight SBIRT medical residency program plays a major role in supporting and sustaining the continuation of SBIRT practice in the HCHD following the expiration of the State grant by providing training to residents, faculty, and nonmedical professionals.
- Residents in five specialty areas—Family Medicine, General Internal Medicine, Psychiatry, Emergency Medicine, and Medicine-Pediatrics—provide SBIRT services to patients in seven outpatient clinics and Ben Taub General Hospital in the HCHD, the VA Medical Center, and Texas Children's Hospital.
- BCM's SBIRT implementation model (train-the-trainer) is designed to fully integrate and sustain SBIRT training in the residency curriculum by the end of the grant period.
- The project staff, associate dean, and champions enthusiastically support SBIRT and are invested in ensuring its sustainability at BCM.
- The effort to integrate evidence-based screening questions into the Epic EMR system at Ben Taub General Hospital and other HCHD settings has proven to be a formidable challenge.