



**SBIRT**  
**Service Design**  
**Site Visit Report**

**Howard University**

**Service Design Site Visit Report  
Medical Residency: Howard University**



Prepared by JBS International, Inc.

Prepared for the Department of Health and Human Services, Substance Abuse and  
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# Service Design Site Visit Report

## Medical Residency: Howard University

<b>Grantee Name</b>	Howard University
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# Overview and Summary of Findings

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## Purpose of the Visit

The goal of this service design site visit was to engage the grantee in a discussion of program performance and to continue improvement processes supported by technical assistance (TA), as approved by SAMHSA. This approach encourages the medical residency program to leverage strengths and maximize long-term success and sustainability.

Various activities were coordinated to observe Howard University's (HU) SBIRT Medical Residency (MR) training program model, curriculum, training methods, implementation, and program evaluation. The activities included the following:

- Meeting onsite with the project director, project coordinator, program manager, clinical staff, residents, and evaluator
- Participating in a conference call with Dr. Edward Bernstein from the Boston University School of Public Health to discuss faculty training
- Observing a mock SBIRT training session
- Observing a clinical skills examination using standardized patients
- Reviewing curriculum components and materials

The team completed the following while onsite:

**Day 1:** On September 29, 2011, the site visit team attended a series of meetings with the project director, coordinator, project staff, and data manager. Topics covered included a comprehensive overview of the HU MR project and curriculum and discussions related to implementing resident training. Additionally, the team toured the Howard University Family Medical Center and Howard University Hospital.

**Day 2:** On September 30, 2011, the site visit team attended a clinical skills evaluation where residents practiced their SBIRT skills with a standardized patient. Later, the team attended a series of meetings to discuss HU's evaluation efforts, sustainability planning strategies, and an online simulated training activity. The site visit team interviewed residents, program champions and residency program directors regarding their experiences with SBIRT training and implementation in primary care settings.

## Program Overview

HU is affiliated with Howard University Hospital, a Level I Trauma Center located in Washington, D.C. The facility serves high-risk, underserved populations, many of whom are Medicare and Medicaid recipients and non-English speakers. The patient population is largely Hispanic and Asian, although many are also of African-American or Caribbean descent. There is a high prevalence of co-morbidity associated with alcohol and substance use (i.e., 25 percent of discharge is related to alcohol use, and 70 percent of substance use-related admissions to the hospital come through the emergency room).

Howard trains an average of 250 residents per year. They are culturally and demographically diverse (i.e., 30 percent of residents are originally from the United States). The residents practice in several specialty areas, including internal medicine, family medicine, surgery, and obstetrics. All residency programs are accredited through the Accreditation Council for Graduate Medical Education (ACGME).

HU is committed to promote SBIRT to all residents and fellows. Residents participate in a program of didactic lectures and experiential learning activities. HU training components consist of lecture, clinical skills development, Blackboard system, and clinical skills evaluation. HU has established a goal of developing a culturally competent curriculum and assessing the effectiveness in increasing knowledge and changing behaviors toward SBIRT.

Howard is uniquely positioned to address substance abuse issues affecting its patient population. Since 1997, HU has operated an alcohol research center, which focuses on alcohol use among African-American populations. HU has received several National Institute on Alcohol Abuse and Alcoholism (NIAAA) grants and plans to further build its resident curriculum around addiction disorders. For example, HU would like to incorporate SBIRT didactics in its psychiatry department. In addition, HU would like to offer its residents clerkships in addiction medicine and experiential practice through a student-run free clinic.

## Project Accomplishments to Date

The HU SBIRT Medical MR program has completed several activities over the course of the grant. A summary of major accomplishments includes the following:

- HU created a manual of standard operating procedures that documents SBIRT background information, procedures, and requirements. The manual addresses staffing changes and/or questions regarding compliance with reporting and other requirements.

- HU SBIRT implemented a cutting edge standardized patient training facility where the residents perform their SBIRT clinical skills examinations. Upon completion, residents receive written documentation of their performance and may view a video recording of their patient encounter. The resident receives immediate feedback from the standardized patient.
- HU developed an integrated curriculum that includes both didactic and experiential learning components. The HU SBIRT program provides a certificate of completion to residents who complete the five training components (i.e., lecture, practice session, online modules, five documented patient encounters, and successful completion of the clinical skills examination). Receiving a certificate serves as an incentive to complete the SBIRT requirements.

## **Program Strengths**

### ***Standardized Patient Training***

HU has a new, state-of-the-art standardized training facility for residents to complete their clinical skills examination. This facility provides an excellent opportunity for residents to practice their SBIRT knowledge with trained actors. Patient encounters are videotaped and residents receive feedback from both program staff and their standardized patient.

### ***Faculty Training***

SBIRT program staff and department leaders participated in the Brief Negotiated Interview-Active Referral to Treatment (BNI-ART) training, led by Dr. Edward Bernstein of Boston University, as part of a train-the-trainer effort. BNI-ART consists of a 3-day training, which includes didactics, role plays (videotaped critique and feedback), discussions, and motivational interviewing (MI) skills practice with patients (experiential practicum). The experiential practicum allows supervised, hands-on practice with real patients in the Boston Medical Center emergency department. The videotaped role play encourages the trainees to critique themselves and provides group feedback to enhance the learning experience.

### ***Dissemination***

To promote its efforts around SBIRT, HU has participated in many conferences, including the Historical Black Colleges and Universities (HCBU) Behavioral Health Summit, Screening and Brief Intervention (SBI) Training for Trauma Care Providers, National Medical Association, and the 31st Forum for Behavioral Science in Family

Medicine, SBIRT Medical Residency Grantee Meeting, National Medical Association, Congressional Black Caucus, and radio interviews. HU has received visits from various department directors such as R. Gil Kerlikowske, director of the Office of National Drug Control Policy's (ONDCP). Several publications have been completed or are in process.

## **Program Challenges/Barriers**

### ***Time***

Time was identified as a limitation. Residents mentioned that they may not be able to use SBIRT in the limited amount of time provided during a patient encounter. Additionally, residents tend to focus more prominently on patients who meet abuse or dependence criteria. During discussions, one resident observed that there is a perception that SBIRT is more easily integrated in outpatient settings than inpatient facilities.

### ***Program Presence***

HU SBIRT staff would like SBIRT to have a stronger presence within the hospital in order to increase sustainability efforts. The current project does not have an office in the hospital, and residents need to walk across “an invisible” barrier to meet with SBIRT staff. Project staff members believe that having an office in the hospital would reinforce SBIRT on a more consistent basis.

### ***Buy-In***

While there are many department leaders who support SBIRT, program staff members find it challenging to identify champions from each department to help promote SBIRT and assist with sustainability planning. Efforts to identify resident champions are ongoing.

### ***Online Blackboard System***

The online self-directed learning component of the SBIRT curriculum, which consists of six Blackboard modules, has been a challenge for HU's residents. The modules consist of SBIRT-related presentations, mastery quizzes, and readings. Residents admitted that Blackboard is not their “favorite.” Modules take about 2 1/2 hours to complete in one sitting, and time becomes an issue.



## Team Roles and Responsibilities

- Project Director and principal investigator Dr. Robert Taylor is responsible for implementing the SBIRT program at HU. Dr. Taylor has full responsibility for interactions with the department chairs, the Graduation Medical Education (GME) Committee, and advisory committees.
- Program Manager TyWanda McLaurin-Jones is the leader of the cased-based learning workshop and assists with SBIRT administrative, curriculum development, and training needs.
- Associate Program Director Denise Scott is responsible for daily SBIRT operations with all project personnel and manages efforts around curriculum development and budgeting. Ms. Scott supervises scheduling and travel arrangements for the external advisory board, consultants, and staff members attending SAMHSA meetings.
- Clinical Training Liaison Dr. Wendy Greene, a trauma surgeon, oversees SBIRT training in clinical settings.
- Clinical Program Coordinator Gloria Thombs-Cain-assists Dr. Scott with daily SBIRT operations, including training delivery.
- Training Coordinator Lawrence Randall is the lead onsite coordinator responsible for conducting SBIRT training and MI techniques, community outreach, and dissemination of SBIRT materials. Mr. Randall also provides training at local substance abuse facilities, social service agencies, and mental health clinics in the metropolitan area.
- Data Manager Nnenna Kalu manages data collection efforts, including administering resident questionnaires and Government Performance and Results Act (GPRA) data (i.e. baseline and followup form). Ms. Kalu reviews data to help inform program achievements.

## Curricula

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The HU SBIRT curriculum emphasizes the importance of the doctor-patient relationship and cultural competency in reducing alcohol/substance use disorders and related health care disparities in primary care settings. Overall, SBIRT resident training consists of the following five major components:

1. First-year residents receive a 1-hour lecture on SBIRT during their June orientation session. The lecture is an interactive discussion that focuses on: universal screening, standard drink guidelines, MI, brief negotiated interview techniques, and cultural sensitivity. Audience participation questions—using a remote response card—were added to the lecture to assess resident comprehension. The lecture refers to Open-ended, Affirmative, Reflective, and Summarizing interviewing techniques (OARS) as well as patient stages of change.
2. Residents are taught to introduce screening during the patient's social history intake as a method to build rapport and trust. During orientation, residents are instructed on use of the following screening tools: Alcohol Use Disorder Identification Test- Consumption Items (AUDIT-C) ; Drug Abuse Screening Test (DAST); Car, Alone, Forget, Friends, Trouble (CRAFTT); and Tolerance, Worried, Eye-opener, Amnesia, Cut down (TWEAK). If a referral to treatment is necessary, residents are instructed to confer with an onsite social worker or an addiction specialist who can provide consultation services. In addition, residents receive information about the District's addiction services center, the Addiction Prevention and Recovery Administration (APRA), for referrals.
3. The lecture is followed by a 1-hour clinical skills development session. Before this session begins, residents observe a role-play demonstration by the clinical instructors. The session teaches the residents about core MI principles, including how to handle resistance and the benefits of asking open-ended questions. The residents then participate in small group practice sessions among themselves and take turns in the roles of patient and physician.
4. Residents must also participate in SBIRT study sessions using the Blackboard online system. As mentioned previously, residents can reference SBIRT-related readings, resources, training modules, and quizzes.
5. Residents engage in practice-based learning at the clinical skills center. Generally, 30–40 residents participate in encounters that include trained standardized patient actors. Sessions are videotaped and distributed to the residents so they can assess their performance. Additional feedback is provided by the standardized patient and SBIRT program staff.

Residents are also required to perform five brief interventions with patients in clinical settings. A preceptor is on site to debrief with the resident. The preceptor occasionally shadows the resident in the room with the patient, but is typically available upon request to confer about an encounter.

The goal for all residents is to complete the SBIRT training components within 9 months. If the resident completes all the required items, he or she receives a certificate of completion, which has proven to be a strong incentive to perform SBIRT during patient encounters.

## Approach/Implementation

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HU has an Electronic Medical Record (EMR) system, but it does not include SBIRT at this time. Residents are encouraged to screen every patient (using the Alcohol Use Disorders Identification Test-Consumption Items [AUDIT-C], DAST, CRAFFT, or TWEAK, as appropriate), but currently there is not a mechanism to document in the patient's chart whether a screen has been administered or if the patient has received a brief intervention (if warranted by a positive screen). Efforts to incorporate SBIRT into the EMR are ongoing.

HU program staff participated in a 3-day train-the-trainer faculty session on BNI-ART with Dr. Edward Bernstein. The training consisted of: 1 1/2 days of basic SBIRT skills and 1 1/2 days of SBIRT trainer skills. A train-the-trainer refresher meeting was held February 24–25, 2011 with consultants from Boston University to review the content for each of the components of the curriculum.

HU SBIRT program staff members are putting their acquired SBIRT knowledge into practice. During training sessions with the residents, the BNI algorithm is referenced. The BNI role-play video is shown so residents get a sense of how to apply it to their daily practice using MI techniques. HU also incorporated SBIRT into the clinical examination with standardized patients.

To augment dissemination efforts, HU staff members have promoted SBIRT in several ways. For example, HU has participated in several conferences, including the HCBU Behavioral Health Summit, SBI Training for Trauma Care Providers, the National Medical Association, and the 31st Forum for Behavioral Science in Family Medicine. In addition, HU has promoted SBIRT during local radio interviews (WHUR 96.3) featuring Dr. Taylor and Dr. Green. HU has received visits from various department directors, including leaders from of ONDCP and SAMHSA.

## Data Collection and Evaluation

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HU partners with Alliances for Quality Education, Inc. to conduct data entry and analysis. All data are used to summarize project accomplishments and outcomes as well as to help determine what changes are needed to ensure the project achieves its goals and objectives.

HU administers pre- and post-project questionnaires to determine changes in resident knowledge, skills, and attitudes toward SBIRT. To date, HU has analyzed and evaluated Cohort I and II residents. HU evaluated Cohort I on the following: exposure to substance use training, experience with patients, level of readiness, views on patient care, and substance use. Cohort II was evaluated on medical encounters, attitudes toward issues in patient substance use, experience in addressing patient substance use, and level of readiness in addressing patient substance use. Cohort III remains in process, and evaluation is pending data analysis.

The findings from Cohorts I and II show changes in residents' experience, attitudes, and readiness. The findings also demonstrate that SBIRT training is generally well accepted by the residents. During the feedback segment, one resident said, "I learned how to sensitively address a difficult topic and put the patient at ease using an organized and consistent manner."

## Sustainability Planning

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To assist with sustainability, a new SBIRT training manual has been created and new standardized patient cases have been developed. The project views the manual as a "legacy" that can be passed on to help sustain SBIRT beyond the life of the grant.

Additionally, HU plans to maintain its SBIRT training components: lecture, clinical skills development, Blackboard, and the clinical skills evaluation. Staff confirmed that standardized patient practice sessions and the GME lecture series are guaranteed to continue.

HU would like to make Blackboard a more interactive learning component. Residents and staff members indicated that Blackboard is an unpopular part of training, particularly in light of time constraints. The project established a contract with Centrax (a Web developer) to develop an interactive Web-based learning component that uses a culturally diverse patient who responds realistically to an SBIRT encounter. HU feels this "hands-on" training will benefit residents.

SBIRT program staff members would like residents to complete a required number of SBIRT encounters per year, beyond the five they are required to perform to earn their certificate. The project team feels that these additional encounters would encourage more residents to continue using SBIRT.

Although there is general acceptance of SBIRT among the primary care department leaders, identifying champions has been challenging. The project plans to send identified champions to Boston to receive BNI-ART training and offer continuing medical education (CME) credits as an incentive.

The New Freedmen's Clinic (NFC) is a free, student-run clinic on the HU campus. This clinic benefits the project in sustainability efforts because residents are able to perform SBIRT and serve the targeted population at no cost.

## Summary of Onsite Observations

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The site team observed an interactive clinical skills role playing exercise with three genetic counseling doctoral students. During the session, AUDIT-C, CRAFFT, DAST, and TWEAK were reviewed. Students practiced a brief intervention encounter by pretending to be the patient and then reversing roles and playing the physician. The students commented that the SBIRT principles they learned during the session could be applied to their daily practices.

The first day concluded with a tour of the Family Health Center and HU Hospital. In the Family Health Center, 18 residents rotate through the facility at any one time. Third-year residents spend 1 1/2 days in the clinic each week. There are six patient rooms with recording capacity in two of the rooms to precept patient encounters. The average age of visiting patients is 45.

At the beginning of the second day, the site team observed several residents during standardized patient exercises. Team members observed the exercises in a separate room on a computer monitor.

The site visit team participated in an interactive lunch with third- and fourth-year psychiatry, family medicine, OB/GYN, surgery and internal medicine residents. The residents mentioned that MI was the most beneficial entity of SBIRT because it can be used across disciplines. They reported that the training they receive is “excellent” and they especially enjoy the standardized patient sessions. The residents indicated that the

SBIRT program needs to identify a resident and faculty champion to encourage others to use SBIRT.

**Potential TA Requests Include:**

- Develop clinical skills standardized patient specialty cases for other departments.
- Adapt the e-learning component to make it more interactive. The program would like to measure resident SBIRT proficiency through use of a virtual patient encounter. HU has been in contact with Simmersion, LLC, to help develop this product.