SBIRT
Service Design
Site Visit Report

University of California–
San Francisco

Service Design Site Visit Report
Medical Residency: University of California San Francisco

Prepared by JBS International, Inc. and Alliances for Quality Education, Inc.
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Service Design Site Visit Report Medical Residency: University of California San Francisco

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Date of Site Visit	April 7–8, 2011
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Overview and Summary of Findings

Purpose of the Visit

The visit was made to conduct an onsite assessment of program strengths and to engage the grantee in a continuing improvement process supported by technical assistance (TA) as approved by SAMHSA. Various activities were undertaken to assess the University of California San Francisco (UCSF) SBIRT MR training program model, curriculum, training methods, implementation, and program evaluation. The activities included the following:

- Meeting onsite with the project director, coprincipal investigators, project coordinator, program champions, clinical staff, residents, and evaluator/ evaluation team
- Observing training session
- Reviewing curriculum components and materials

The site team met with the UCSF SBIRT residency project director and project team on April 7 and 8, 2011, to gain a better understanding of the school's SBIRT MR training program model, curriculum, training methods, implementation, and program evaluation.

Day 1: On April 7 the site visit team attended a series of meetings with the project director, coordinator, faculty, and evaluator, as well as with UCSF primary care residents. Topics covered included the project and curriculum overviews, San Francisco General Hospital (SFGH) Buprenorphine training program, and SBIRT evaluation. The team observed an SBIRT review seminar for primary care residents. The training was conducted from 9:00 a.m.–11:00 a.m. onsite at UCSF. An interactive format was employed that used discussion, role-playing based on actual SBIRT patients, case studies, and group feedback on the roleplay.

Day 2: On April 8 the site visit team attended a series of meetings with the project director, coordinator, and faculty. Topics covered included: UCSF's use of standardized patients, the Kanbar Center Clinical Skills Center (KCCSC) (UCSF medical training, simulation and telemedicine center), and SBIRT faculty and preceptor training. The group also discussed the expansion of SBIRT MR training at UCSF beyond primary care residents and system changes resulting from SBIRT implementation. The team toured KCCSC and observed a taped standardized patient pretest taken by a primary care resident.

Project Overview

The program is currently in the second year of a 5-year SAMHSA SBIRT grant. The first year focused on SBIRT training of general internal medicine primary care faculty and residents. The second year focus is expanding the faculty and residency training to include categorical residents (individuals with specific subspecializations in internal medicine). For years 3–5 of the grant, the UCSF SBIRT program plans to further expand training to reach faculty and residents in specialties, including: (1) pediatrics, (2) emergency medicine, (3) obstetrics and gynecology, and (4) psychiatry. USCF is also training psychologists and some nurse practitioners.

The SBIRT primary care curriculum was developed for both faculty and residents. SBIRT faculty either complete the extensive “train-the-trainer” curriculum and become expert faculty or receive a general preceptor training. The primary care faculty train-the-trainer curriculum includes 8 hours of self-directed study, 4 hours of intensive workshops, and 4 hours of case consultations. The intensive workshops include an overview of the use of screening tools, as well as exercises, roleplays, practice using motivational interviewing (MI), group discussions, question and answer sessions, and capacity building. Case consultations are conducted with expert faculty from other fields as well as from medicine and psychiatry. General preceptor training consists of 2 hours of didactics, four self-study modules and 2 hours of addiction medicine consultation.

Participating UCSF primary care residents receive 10 hours of interactive SBIRT training consisting of 2-hour seminars conducted throughout the year. Seminar topics include screening, brief intervention (parts 1 and 2), referrals to treatment, and SBIRT review and booster. The seminars combine didactics, videos, roleplays and interactive exercises. The participants also receive a 3-hour addiction pharmacotherapy seminar. Checkins with SBIRT-trained preceptor faculty members are conducted throughout the year. Prior to receiving any training, primary care residents are assessed using three standardized patient scenarios, interstation exercises, and a debriefing (total of 3 hours). Following training, residents are given a post-assessment with three standardized patients.

Curriculum is currently in development for the expansion of the grant to general internal medicine categorical residents and pediatric, OB/GYN, emergency medicine, and psychiatry faculty and residents. Participants from the specialty areas have 5 hours available for SBIRT training; this is half the time made available by primary care residents. UCSF is currently exploring various curriculum adaptations to accomodate the lack of training time available.

Evaluation activities are focused on faculty and resident education as well as on patient outcomes. Residents are assessed pre- and posttraining using three standardized

patients. As of September 30, 2010, the UCSF MR program had trained 25 primary care residents and screened 1,200 primary care patients.

In addition, the grantee has begun disseminating the curriculum to other clinic sites. Three community health centers in Marin County have received SBIRT training (Marin Community Clinics, Coastal Health Alliance, and Ritter Center). The training goal in the Marin County community health centers was to establish SBIRT as the standard of care. Most staff trained in Marin County are master's level counselors, physician assistants, and nurse practitioners. Jason Satterfield is also scheduled to conduct SBIRT training for nurses in 10 Maryland hospitals during May 2011.

Project Accomplishments To Date

The UCSF SBIRT MR program completed a number of activities during their 18 months of funding. A summary of major accomplishments to date includes the following:

- Development of faculty train-the-trainer curriculum and of adapted general preceptor training
- Development of comprehensive, interactive 10-hour training for primary care residents
- Completion of SBIRT training by the first cohort of primary care residents
- Focus on system changes within clinics as the core component of SBIRT implementation
- Development and use of three standardized patients
- Use of standardized patients for pre- and post-assessments
- Development of culturally and linguistically appropriate screening tools tailored to the diverse San Francisco population
- Dissemination of training materials
- Use of pain contracts for managing patients who use opioids regularly
- Establishment of an SBIRT requirement for preceptor training

Program Strengths

Comprehensive residency curriculum

The primary care SBIRT MR training at UCSF includes 10 hours of training (five 2-hour seminars). These interactive seminars include standardized patient scenarios, interstation exercises, video clips, roleplays, case studies, discussions, and debriefings. Primary care residents also consult with SBIRT-trained preceptors about patient visits. In addition, UCSF SBIRT faculty has developed three standardized patient scenarios for

pre- and post tests of primary care residents, and they have expressed willingness to share the scenarios with other grantees, perhaps via the MedEdPortal.

Faculty training

Faculty development is a core component of the UCSF SBIRT project. SBIRT faculty and preceptors for primary care residents are expected to complete an 8-hour self-directed curriculum on 13 different topic areas, a 4-hour intensive SBIRT workshop, and a 4-hour case consultation with addiction medicine experts as part of train-the-trainer training. As the UCSF SBIRT project prepares to expand to other MR specialty areas, faculty training will continue to be conducted. A faculty needs assessment will be completed for each department implementing SBIRT so that the train-the-trainer content can be adapted to meet faculty needs.

Adaptation to other specialty areas

The UCSF SBIRT MR program's implementation model is designed to be flexible in adapting its curriculum to diverse residency programs. UCSF initially implemented SBIRT training for primary care faculty and residents with a comprehensive "Cadillac" curriculum. Years 2–5 of the SAMHSA grant will be spent tailoring the primary care curriculum to meet the needs of specialty residency areas that have different focus areas and less available SBIRT training time.

Focus on collaboration

The grantee has a strong focus on collaboration with other health entities. Staff shares resources and materials with San Francisco General Hospital, which also has an SBIRT grant from SAMHSA. UCSF and SFGH conduct joint trainings for SBIRT faculty, Buprenorphine training for residents and faculty, and San Francisco TeleMedicine workshops. The two grantees also share data evaluation techniques to avoid redundancy in material development and to produce complementary measurement tools.

The grantee also collaborates with outside agencies to disseminate SBIRT training and materials. UCSF SBIRT has conducted nurse trainings for three community health agencies in Marin county and provided training or material to the Veterans Administration, the state department of health and the UCSF medical school. UCSF will be training 10 hospitals in Maryland in May 2011.

Clinical skills center

The Kanbar Clinical Skills Center opened on the UCSF campus in January 2011. The center includes state of the art technology-enhanced classrooms, electronic commons, telemedicine centers, simulation centers, and 12 standardized patient rooms. All encounters can be videotaped and reviewed with a preceptor. Using the center facilities, the grantee developed three standardized patient scenarios now utilized in pre- and post-assessments. Actors play the role of the patients in the scenarios, and the results

are assessed. A checksheet, requiring 8 hours of actor training time to use, is employed for assessment. The Kanbar facility and staff are supported by an endowment from UCSF, not by grant funds, making it a sustainable resource for the UCSF SBIRT program after the grant ends.

Multicultural approach

The UCSF MR program has adapted their curriculum and materials to respond to the eclectic demographics of San Francisco and the patients that UCSF staff serve. The SBIRT screener was translated into both Spanish and Chinese. A Russian interpreter also is available.

Buprenorphine project

UCSF and SFGH collaborate to offer Buprenorphine training for residents and faculty as part of an effort to improve physician capacity for office-based Buprenorphine treatment. Physicians must complete 8 hours of training in addictions treatment and use of Buprenorphine to receive FDA approval to prescribe. The SBIRT grant supported the development of a 4-hour self-directed course and a 4-hour face-to-face local mentor program to increase: (1) the abilities of residents and faculty to obtain Buprenorphine waivers and (2) the number of locally prescribing physicians in the community. The UCSF MR program expressed interest in disseminating Buprenorphine training resources to other SBIRT grantees.

Mental/behavioral health focus

The UCSF MR had a strong focus in mental and behavioral health care prior to the SAMHSA SBIRT grant. Behavioral health seminars were previously conducted for primary care residents. Because time was already allotted for primary care residents to spend on mental and behavioral health care, pushback from primary care faculty for SBIRT training was not significant. In addition, a mental health tool (i.e., depression screener) and related support systems were already in place, and staff and patient familiarity with them aided the grantee in making the SBIRT screener part of the process in UCSF clinics.

Addiction medicine expertise

The UCSF SBIRT MR includes faculty with a wealth of expertise in addiction medicine. Steve Batki, M.D., is an addiction psychiatrist with UCSF based at the Veteran's Administration. Dr. Batki has expertise in opioids, methadone, and pharmacotherapy. He provides consultation for faculty training and includes an SBIRT component in his addiction pharmacotherapy course. Dr. Elinore McCance-Katz, an addictions psychiatrist with a Ph.D. in neuropharmacology who is based at SFGH, helps guide the physician's clinical support system for Buprenorphine and consults with UCSF SBIRT faculty, offering expertise in pharmacotherapy, prescription drug abuse, and opioid issues.

Program Challenges/Barriers

Logistic challenges

The grantee has been faced with several logistical challenges outside their control during program implementation. Interruptions included: (1) clinic relocation in December 2010, (2) implementation of a new electronic medical record system in April 2011, (3) subsequent loss of faculty time to conduct new system training, and (4) until recently, an unfilled SBIRT project coordinator position. These challenges have resulted in difficulty developing a standardized SBIRT process and required project adaptation and flexibility. Logistic interruptions have not resulted in delays for project targets for the 18 months of the grant. Program staff identified a need for TA about folding their existing screening form into the new electronic medical record system**.**

Lack of prescription drug abuse screener

The grantee has been unable to identify a validated prescription drug abuse screener. Prescription drug abuse makes up a large proportion of substance abuse issues in the patient population. The lack of a standardized screener for prescription drug abuse produces difficulties in effectively assessing these patients.

Expansion to diverse specialty areas

The grantee developed a comprehensive, 10-hour, interactive curriculum for primary care residents during the first year of the grant. In years 2–5, the program plan is to expand training to other MR specialty areas. The UCSF MR program is currently dealing with challenges gaining buy-in from different specialty areas, as well as adapting the curriculum to meet the educational needs and reduced time available for SBIRT training among specialty residents. Staff identified a potential need for TA about tailoring and shortening the curriculum without impacting its content.

Team Roles and Responsibilities

Project Director and Principal Investigator Jason Satterfield, Ph.D., serves as the primary SAMHSA contact and oversees the grant budget. Dr. Satterfield heads the executive committee and interactive working groups, and he is responsible for internal coordination of UCSF grants that have external partners. Dr. Satterfield also facilitates residency SBIRT trainings seminars.

Coprincipal Investigator Robert Baron, M.D., M.S., leads the UCSF council of residency directors and advisors, participates in executive committee meetings, leads the implementation of live Web-based CME SBIRT training for medical providers in California, and facilitates the dissemination of materials to other graduate medical education programs.

Coprincipal Investigator Elinore McCance-Katz, M.D., Ph.D., developed and teaches the psychopharmacology curriculum, leads the SBIRT expert training team, and serves as dissemination liaison with external partners. These include the California Department of Alcohol and Drug Programs, the California Society of Addiction Medicine, and the American Academy of Addiction Psychiatry.

Project Coordinator Jackie Ramos, B.A., oversees daily operations of the project and is a liaison with all partners and collaborators.

Project Evaluator Patricia O'Sullivan, Ed.D., leads all SBIRT evaluations including assessments of participants' skills and the curriculum. She also participates in grantee meetings and provides regular formative evaluations. Dr. O'Sullivan audits all data sources to determine the progress of the grant against benchmarks, analyzes data, and provides reports summarizing outcomes to date. She also oversees the uploading of required data.

Administrative Observations

- The UCSF MR developed a strong, comprehensive curriculum for primary care residents during the first year of the funding period. The primary care curriculum will be used as a template for adaptation for other MR programs for years 2–5.
- Multilevel faculty SBIRT training for preceptors and trainers is a core component of the UCSF MR design.
- The grantee has utilized existing resources and infrastructure to enhance the project. Enhancements include using expert faculty, the clinical skills center, and the existing behavioral health training infrastructure.
- The program has developed three standardized patient scenarios that are used in the clinical skills lab for pre- and post-assessments. Development of these standardized patients represents an investment in resources and time. Staff is eager to share the standardized patients with other MR programs to prevent duplication of effort.

Curricula

Core component

During their first year of funding, the grantee designed an extensive and comprehensive curriculum for primary care residents. This curriculum is being adapted to meet the needs of other residency specialty areas as the grant moves forward.

Primary care residency curriculum

The first grant year focused on developing and implementing a curriculum for primary care residents. In years 2–5, UCSF SBIRT will export adapted teaching material to internal medicine categorical, pediatric, emergency medicine, OB/GYN, and psychiatry residents. All curricula and materials are developed by a crossdisciplinary team, utilize principles of active learning, and address an identified clinical or institutional need. As possible, they also are evidence-based.

Each SBIRT competency is taught through case-based seminars. These include interactive workshops, clinical decisionmaking rules, quality improvement, clinic registry, self-management Web-based decision support, community resources, and dissemination of teaching tools. Five 2-hour SBIRT seminars are conducted with primary care residents. Learning strategies involve a combination of didactics, videos, roleplays, and interactive exercises. SBIRT seminars include:

Screening: Residents review different standardized screening forms. These include tools developed by the National Institute on Alcohol and Alcohol Abuse as well as the Alcohol Use Disorders Identification Test, the Drug Abuse Screening Test, and *Diagnostic and Statistical Manual of Mental Disorders,* 4th Edition (DSM-IV) materials. Participants are also taught to “Ask, Assess, and Advise” for substance abuse or dependence.

Brief Intervention 1: Residents are taught to use an MI strategy lasting between 3 and 5 minutes to help educate patients and encourage them to create plans of action.

Brief Intervention 2: Residents continue to develop brief intervention and MI skills. They watch demonstration videos and practice “rapid fire roleplay” brief interventions requiring each participant to say a piece of the process and then “pass” it onto the next resident.

Making Referrals and Specialty Treatment: Residents learn: (1) to appropriately triage patients with substance use disorders (SUDs) and (2) about the treatment resources available in the region. A one-page flowchart for making referrals is available in every preceptor room as a resource for residents. Participants also learn how to assess the appropriateness of addiction pharmacotherapy and integrate addiction pharmacotherapy into the patient's broader health care plan. This seminar also includes information on identifying prescription misuse, when to prescribe medications with an abuse liability, and making referrals to appropriate treatment. Grantee staff expressed interest in TA about further development of their referral systems, following through with referred patients, and working with different payers.

SBIRT Review/Booster: The final seminar is an SBIRT review. Residents discuss patient examples and roleplay a patient brief intervention.

Specialty curricula

In year 2, the program plans to adapt and disseminate materials to the other UCSF primary care specialties identified earlier. Curricula for these specialties will be adapted from the primary care curriculum described above and based on the educational needs of residents and the time they have available for SBIRT training.

Web-based learning support curriculum

All grantee curricular materials are stored electronically in an online database. Residents can also access independent learning modules and SBIRT faculty consultation though a Web-based portal. Grantee staffers expressed an interest in TA that would help expand their existing use of SBIRT technology to develop phone apps and mobile health systems.

Clinical/experimental curriculum

Residents are required to screen all outpatients seen at the general medicine clinics and use brief interventions as needed. They then present their SBIRT cases to trained preceptors who provide support and guidance. Residents also attend seminars and review patient clinical care with a multidisciplinary group of faculty, residents, nurse practitioners, and pharmacy students in the chronic disease management clinic.

Faculty SBIRT training

SBIRT faculty either complete a train-the-trainer curriculum or a general preceptor training. The extensive train-the-trainer curriculum includes an 8-hour, 13-module, self-directed course. Topics for the first six modules are: substance use overview, SUDs and common medical and psychiatric comorbid conditions, SBIRT overview, using SUD screening tools, and brief interventions (parts 1 and 2). The final seven modules are: referrals and levels of care; pharmacotherapies for SUDs; ongoing medical management of SUDs; prescription drug abuse— focus on opiates and chronic pain; systems issues

and clinic operations; screening and treatment of alcohol and drug problems among older adults; and SBIRT and precepting residents. Train-the-trainer participants also complete a 4-hour intensive workshop on MI and medical management as well as 4 hours of case consultation with addiction medicine expert faculty.

General SBIRT preceptors complete a scaled-down version of the train-the-trainer curriculum. It includes 2 hours of SBIRT didactics, 4 self-study modules, 2 hours of addiction medicine consultations, and regular team meetings.

Curriculum Observations

- SBIRT residency training seminars utilize a variety of interactive teaching methods including didactics, videos, roleplays and interactive exercises.
- All SBIRT faculty and preceptors complete one of two training paths: expert or general preceptor training. Standardized training ensures a consistent level of expertise across faculty.
- Curriculum for specialty residents and faculty will be scaled back; these individuals have limited training time available and competing educational requirements.

Approach/Implementation

Residency training implementation

During the first year of the grant, the curriculum was designed for implementation with primary care faculty and residents. Grant years 2–5 focus on adapting the curriculum to offer SBIRT training for other specialty faculty and residents.

UCSF program implementation

An abbreviated timeline listing major program activities for the 5-year grant is provided below.

Year 1 (October 1, 2009–September 30, 2010)

- Establish the council and executive committee, working groups, development map, benchmarks, and curriculum mapping process
- Conduct local SBIRT awareness and public relations talks
- Develop and deliver the "train-the-trainer" curricula
- Host visiting SBIRT scholars
- Create Web and teaching tool templates
- Gather baseline and "pre" data
- Conduct systems-based reviews and early quality improvement initiatives
- Develop and deliver primary care case-based seminar sessions
- Adapt the chronic disease management clinic for using the experimental curriculum
- Convene dissemination conferences
- Conduct the year-end review and strategic planning sessions

Year 2 (October 1, 2010–September 30, 2011)
▪ Host SBIRT visiting scholars ▪ Create and launch additional/adapted SBIRT training materials ▪ Export SBIRT training to all general internal medicine categorical residents ▪ Conduct “train-the-trainer” booster sessions (years 2–4) ▪ Perform quality improvement reviews and implement improvements for vulnerable populations (years 2–3) ▪ Develop performance portfolios and standardized patient assessments (years 2–5) ▪ Recruit partners and develop mentorships for pathways to discovery (years 2–5) ▪ Initiate curriculum ambassador program (years 2–5) ▪ Develop academy of medical education teaching programs (years 2–5) ▪ Establish case-based seminar sessions (years 2–5) ▪ Maintain the ongoing chronic disease management clinic (years 2–5) ▪ Create Web curriculum and new links to EBBP.org (years 2–5) ▪ Conduct regional, State, and national dissemination activities (years 2–5) ▪ Conduct live UCSF CME conferences and provide CME online (years 2–5)
Year 3 (October 1, 2011–September 30, 2012)
▪ Adapt and launch SBIRT materials for other primary care specialties
Year 4 (October 1, 2012–September 30, 2013)
▪ Conduct project sustainability and continuation initiatives
Year 5 (October 1, 2013–September 30, 2014)
▪ Conduct project sustainability and continuation initiatives

Approach/Implementation Observations

- The grantee has a three part approach to SBIRT implementation: (1) residency training, (2) faculty training, and (3) systems changes. The systems changes are made throughout the program to facilitate sustainability after grant funding ends.
- The grantee has a strong focus on curriculum and material dissemination for the remaining 4 years of the funding period. Potential TA needs focus on dissemination (including developing branding/marketing and related plans), and establishing Webinar consultations (particularly for the Buprenorphine training).

Data Collection and Evaluation

The grantee is conducting local SBIRT evaluations using a model that is based on assessment of goals, monitoring and advising on process, and examination of outcomes. The program's evaluation goals are to:

1. Conduct process evaluations; this includes reviewing meeting minutes, key stakeholder evaluation forms, and leadership interviews to assess whether the project is on target.
2. Review curriculum development outcomes; this involves analyzing the curriculum through the meeting minutes and evaluation forms.
3. Assess curriculum effectiveness; this is done by analyzing residents' standardized patient assessments and patient screening forms.
4. Review dissemination effectiveness; this involves assessing minutes and documents pertaining to dissemination activities.

Evaluation Components

Instrument	Frequency
Benchmark chart	Quarterly
Audit of data sources for formative progress report	Monthly
Description of deviations report	Monthly
Interviews with leadership and learners	Annually
Audit of didactic, Web-based and clinical experiences material	Monthly
Review of SBIRT curriculum materials by external experts	Once
Review of SBIRT materials used with year 2 and 3 residents	Quarterly after first 6 months
CSAT questionnaires	Pre/post curriculum modules
Use portfolio and standardized patient reviews to assess attitudes towards SBIRT	Pre/post
Review portfolio and standardized patient examsto assess SBIRT knowledge and skills	Pre/post

Instrument	Frequency
Quality improvement project	Pre/post
Calculate and assess the percentage of residents trained in SBIRT	Annually
Conduct CSAT survey for local, regional, and national SBIRT training	Pre/post
Review GPRA results to assess patients screened through SBIRT	Quarterly
Assess resident focus groups	End of residency
Interview all resident council members	End of grant
Survey assessing long-term use of SBIRT	Annually for 3 years
Count SBIRT systems features in place	End of grant
Count and conduct CSAT survey for SBIRT presentations	Annually
Count the number of requests for SBIRT curriculum and materials as well as the frequency of MedEdportal hits	Annually

Standardized patient assessment

Primary care residents are assessed before and after SBIRT training using standardized patient scenarios. The standardized patients are played by actors who received 8 hours of training about using a checksheet to review the residents' SBIRT skillsets. Residents also simultaneously complete assessments after the standardized patient visits. In subsequent years, the grantee will analyze the impact of pretesting on results by varying the scheduled use of standardized patients in the SBIRT training. In some cases, the standardized patient scenario will be used only for pre- or post-assessments.

Patient screening forms

All patients seen by primary care residents are given a six-question screening form on alcohol and drug use. If the screen is positive, the resident will ask the patient an additional set of questions. (To assist the residents, all screening forms have the DSM-IV criteria for substance abuse for reference on the reverse side.) Residents then submit de-identified patient assessment results. These are entered electronically and used by the evaluator to assess the impact of the SBIRT curriculum.

Data and Evaluation Observations

- UCSF SBIRT is conducting process, curriculum development outcome, curriculum effectiveness and dissemination effectiveness as part of their evaluation plan.
- Curriculum effectiveness is measured using standardized patient pre and post assessments. De-identified patient screening forms are also reviewed to assess the impact of the UCSF SBIRT curriculum.

Program Area Summaries

Program: Primary Care

Participants: Dr. Jason Satterfield (Principal Investigator/Project Director), Dr. Elinore McCance-Katz (Coprincipal Investigator), Jackie Ramos (Project Coordinator), Dr. Rhadika Ranaman (Primary Care Faculty), Bernie Miller and Michael Quirk (Kanbar Center for Simulation, Clinical Skills and Telemedicine Education), and six primary care residents.

Observations: Major topics of discussion included: (1) existing clinical screening practices, (2) implementation of SBIRT, and (3) standardized patients.

Existing clinical screening practices: Primary care patients at UCSF were already receiving a depression screener prior to implementation of SBIRT, and this facilitated implementation in a number of ways. Buy-in from faculty was easier to gain because a behavioral health screener was already considered the standard of care. There were also already systems in place to conduct a behavioral health screening, so staff was accustomed to the process. Residents were familiar with providing a behavioral health screener, interpreting results, and making referrals accordingly. Finally, patients were familiar with receiving an annual behavioral health screener as part of their care.

Implementation of SBIRT: The program goal is to have all patients who are seen by a primary care resident also be screened for substance abuse. Staff provide patients with six-question screeners to complete before their appointments. The resident is given the completed screener along with the patient's chart, reviews the results, and asks additional questions to determine whether the screen is positive. If so, the resident either conducts a brief intervention or makes a referral for treatment based on the specific screener results. With guidance from their preceptors, the primary care residents review their positive screens to identify successes and opportunities for improvement. Deidentified screening results are included in the evaluation data.

Standardized patients/participatory learning: As mentioned previously, the program uses standardized patients for pre- and post-assessment of primary care residents. Participatory learning is not only a part of resident assessment, but a core component of the SBIRT curriculum as well. Videos are used for the purpose of reviewing standardized patient interactions with a preceptor and for demonstrating how to conduct MI

interventions. Roleplay is used to practice patient visits and discussion is encouraged throughout SBIRT seminars.

The site visit team had the opportunity to observe the SBIRT review/booster seminar for primary care residents. The seminar began with a group discussion of key SBIRT points and the sharing of experiences with patients. The residents then formed small groups with preceptors, selected case information from actual clinic patients, and took turns playing the roles of client and medical professional. The full group reconvened and reenacted the roleplays with modifications based on feedback from their preceptors and small groups. The larger group provided feedback on what went well or could be improved and offered pertinent examples from their experiences with clinic patients.

The site visit team also had the opportunity to tour KCCSC, which is used to train medical residents using SBIRT standardized patients. The Center includes realistic looking patient rooms where primary care residents have mock visits with trained actors. The team then watched a video of a standardized patient pre-assessment.

Programs: Internal Medicine Categoricals, Emergency Medicine, Pediatrics, OB/GYN and Psychiatry

Participants: Dr. Jason Satterfield (Principal Investigator/Project Director), Dr. Elinore McCance-Katz (Coprincipal Investigator), Jackie Ramos (Project Coordinator), Drs. Derek Satre and Steve Batki (Psychiatry Faculty), Drs. Gina Moreno-John, Michelle Guy, and Miranda Dunlap (General Internal Medicine Faculty); Dr. Sarah Buckelew (Pediatrics Faculty); Amy Day (Director of Graduate Medical Education); and Miriam Gonzalez-White (Administrative Director, General Internal Medicine)

Observations: Major topics of discussion included: (1) adaptations, (2) implementation of SBIRT, and (3) challenges.

Adaptations: During years 2–5 of the grant, the project will expand to include the residency training programs for internal medicine categoricals, emergency medicine, pediatrics, OB/GYN and psychiatry. Plans to implement the expansion were under development at the time of this writing. The UCSF SBIRT staff is working to develop buy-in from faculty within the specialty areas and is conducting needs assessments to determine how the curriculum developed for primary care residents should be adapted. Residents in the specialty programs will have less time and fewer faculty members available for SBIRT training. The grantee is exploring how to reduce the length of training without losing crucial content and identified a need for TA about designing an abridged curriculum while accomplishing these goals.

Implementation of SBIRT: The implementation of SBIRT in the specialty residency programs will be similar to the implementation for primary care. Initially, faculty will undergo one of two tracks of training, either train-the-trainer or general preceptor. Residents will then attend SBIRT seminars, although the time will likely be reduced from 10 to 5 seminar hours. Assessment will also be adapted for the specialty programs. While primary care residents received both pre- and postactivity standardized patient assessments, this will be modified for participants from the specialty programs. Some residents will only receive standardized patients pre-assessments while others will only receive standardized patient post-assessments. Adaptations make efficient use of limited tume and study assessment impacts.

Challenges: The numbers of residents in some specialty programs are greater than the number in the primary care residency group, and they have less time for SBIRT training. In addition, the expansion to multiple clinical sites raises concerns about implementation fidelity. Also, the screening process may take place at some clinical sites and not at others. Finally, there are challenges in obtaining buy-in for SBIRT training among the specialty residency programs not familiar with behavioral health screening and faculty.

Summary of Onsite Observations

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

- The grantee designed a comprehensive, core SBIRT curriculum for primary care residents during year 1 of the grant. SBIRT training will be expanded to and adapted for other residency training programs during each subsequent year of the grant.
- The program's design model consists of a three-part approach focusing on: (1) residency training, (2) faculty training and (3) systems changes. These changes are implemented throughout the project to promote sustainability after the grant ends.
- The grantee uses an innovative evaluation method—standardized patient pre- and post-assessments. The program has access to a state-of-the-art clinical learning center funded by UCSF to support the standardized patient process.
- The UCSF SBIRT MR has a concentrated focused on the dissemination of training and materials. During the first 18 months of funding, the project began providing SBIRT training across the region, State, and country. Staff requested TA to facilitate wider dissemination of the curriculum and materials.
- The grantee has developed culturally and linguistically appropriate SBIRT materials for its diverse target population in the city of San Francisco; the materials are tailored specifically for Chinese- and Spanish-speaking individuals and are a resource for other grantees working with similar populations.