
# SBIRT
# Service Design
# Site Visit Report

## Yale University
## School of Medicine

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# Medical Residency: Yale University School 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

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# Medical Residency: Yale University School of Medicine

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| **Grantee Name** | Yale University School of Medicine |
| **Address** | 464 Congress Avenue, New Haven, CT 06519 |
| **Grant TI Number** | TI020253–03 |
| **Date of Site Visit** | September 26–27, 2011 |
| **Grantee Contact Person** | Shara Martel, M.P.H., Project Coordinator |
| **Government Project Officer** | Kellie Cosby |
| **Site Visit Team Members** | Joe Hyde, Denise Stockton, and Jalisa Whitley |

**Grantee Project Team Members Visited**

**Yale SBIRT Medical Residency Project Team**

- Gail D'Onofrio M.D., M.S., Principal Investigator/Project Director
- Shara Martel, M.P.H., Project Coordinator
- David Fiellin, M.D., Co-Investigator
- Michael Pantalon, Ph.D., Co-Investigator
- Steven Bernstein, M.D., Team Leader/Trainer, Emergency Medicine
- Patrick O'Connor M.D., Co-Investigator
- Steve Martino Ph. D., Team Leader/Trainer, Psychiatry
- Michael Green, M.D., M.Sc., Project Evaluator
- Jeanette Tetrault, M.D., Team Leader/Trainer, Traditional Medicine, Primary Care and Med-Pediatrics.
- Stephen Thung, M.D., Team Leader/Trainer, OB/GYN
- Sheryl Ryan, M.D., Team Leader/Trainer, Pediatrics
- Brian Magerko, Ph.D., Experimental Game Lab, Georgia Institute of Technology

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# Overview and Summary of Findings

## Purpose of the Visit

The purpose of the site visit was 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. Assessment of Yale's SBIRT medical residency training program model, curriculum, training methods, implementation, and program evaluation was completed by the following:

- Meeting onsite with the principal investigator/project director, core senior faculty, residency team leaders/SBIRT trainers, project evaluator, project coordinator, and virtual coach developer
- Reviewing curriculum components and materials (paper and electronic)
- Observing SBIRT training with faculty, residents, and staff
- Meeting with the SBIRT
- Virtual coach developer

On September 26–27, 2011, the site visit team met with Yale University School of Medicine's SBIRT Medical and Residency Training Program to gain a better understanding of the program model, curriculum, training methods, implementation, and program evaluation.

**Day 1, September 26, 2011:** The site visit team participated in three meetings with the SBIRT project team. The meeting took place at the Yale University School of Medicine. During the morning, Dr. D'Onofrio, core senior faculty, and SBIRT Team leaders/trainers provided the site visit team with an overview of Yale University's SBIRT program—SBIRT Training in Yale Residency Programs, including a review of the evaluation plan and a presentation on the Brief Negotiated Interview (BNI) adherence scales (BAS). The pediatrics, medicine/primary care, obstetrics and gynecology (OB/GYN), psychiatry, and emergency medicine presentations described how SBIRT is imbedded in these specialties.

Topics of discussion included program background and context, program model, curriculum components, faculty training, SBIRT implementation, tracking and reporting activities, curricula dissemination, and plans for sustainability.

During the afternoon, the site visit team observed a 2-hour SBIRT training for residents and faculty. During this training, the team viewed online videos of the BNI and observed resident and staff role-plays.

**Day 2, September 27, 2011:** In the morning, the site visit team observed a virtual coach demonstration with Dr. Brian Magerko of the Georgia Institute of Technology, and met with Dr. David Fiellin to discuss programmatic and curriculum challenges and solutions. Some of the topics included: motivating learners, adopting SBIRT into practice, and challenges at the practitioner, patient, and system levels.

# Project Overview

Yale University School of Medicine's SBIRT program is currently in year 3 of its 5-year SAMSHA SBIRT grant. The project's four overarching goals are to: (1) expand and adapt the SBIRT curriculum for multiple practitioners and specialties, (2) modify microsystems in practice sites to ensure long-term adoption of SBIRT, (3) incorporate effective communication and cultural competency, and (4) develop enduring instructional strategies and disseminate teaching materials, tools, and other resources.

Yale's SBIRT program serves patients in New Haven and Waterbury, Connecticut. There are six residency sites, including the Yale New Haven Hospital Primary Care Center; the Yale New Haven Hospital Emergency Department; the Yale Women's Center; the Yale Maternal-Fetal Medicine Clinic; the Chase Outpatient Center of Waterbury Hospital; and the Family Health Center of St. Mary's Hospital.

Residents in five primary care specialties will receive training, including: (1) medicine, (2) psychiatry, (3) emergency medicine, (4) OB/GYN, and (5) pediatrics. Over the 5-year grant period, Yale University's Medical Residency Training Program expected to train 254 residents; however, as of September 27, 2011, 351 residents have been trained.

Department team leaders are responsible for serving as the primary point of contact for each residency training program, implementing the curriculum, and training. A Web site and robust curricular tools and resources support the curriculum.

**Project Accomplishments to Date**

Yale University School of Medicine's Medical Residency Training Program has achieved many accomplishments since the initiation of the grant. Some of the major accomplishments as of September 2011 include the following:

- Attained and exceeded training goals
- Developed, implemented, and evaluated a core curriculum that has been uniquely implemented in each specialty area

- Developed grant-related products such as papers, abstracts, and presentations
- Developed evaluation tools and checklists to assess residents' proficiency in SBIRT
- Developed and launched the resourceful www.yale.edu/sbirt Web site with videos and other training resources
- Developed training tools including laminated pocket cards and drinking and drug use agreement forms
- Developed a demonstration version of the virtual coach tool to sustain the SBIRT training program after the grant

# Program Strengths

## Organizational Strength

### Faculty Strength and Buy-In

Buy-in was garnered from the Council of Residency directors at the outset of the program. Faculty team leaders have been drawn directly from leaders of specific specialty areas who are passionate about creating and disseminating scholarship on screening and brief intervention. The SBIRT project team and faculty team leaders have significant history with alcohol and substance abuse research and treatment. Their knowledge has provided a foundation for buy-in within departments and across program areas. In addition, team leaders are involved in evaluating, tailoring, and teaching the curriculum to accommodate unique departmental training requirements.

### Faculty Champions

The Yale University's Medical Residency Training Program utilizes a physician implementation model. Each residency site must designate at least one faculty champion to train residents and facilitate the integration of SBIRT into clinical practice. A percentage of the faculty champions' salaries are funded by the grant.

### Scholarly Papers and Presentations

Yale Medical Center's Medical Residency Training Project faculty, staff, and residents are encouraged to develop scholarly papers, posters, and presentations. A number of abstracts, papers, posters sessions, and presentations have already been developed and delivered at State professional meetings, as well as nationally and internationally. These efforts build upon more than 40 years of scholarship and research at Yale in the addictions field. Of note, Gail D'Onofrio M.D., M.S., Michael V. Pantalon Ph.D., Linda C. Degutis Dr.PH., David Fiellin, M.D., and Patrick G. O'Connor, M.D. are the developers of BNI, which is the nationally recognized evidence-based practice SBIRT

intervention that has been adopted by multiple national medical settings. The Yale staff has successfully used the SBIRT initiative to catalyze several other initiatives supporting a better integration of addictions services and behavioral health within primary care.

### Web Site

The www.yale.edu/sbirt Web site provides a virtual learning environment for the Medical Residency Training Program. The Web site contains the curriculum, Motivational Interviewing (MI) and BNI videos, case studies, surveys, journal articles and scholarly papers, and other curricular materials and resources.

### SBIRT Program Sustainability

Yale's Medical Residency Training Program faculty designed and implemented mechanisms to support program sustainability efforts including: building significant capacity within faculty to train and support SBIRT, imbedding SBIRT into routine practices, training allied health staff, tailoring training programs to the unique contexts of various residency programs, and developing Web-based training capacity including utilizing a virtual BNI training coach.

## Program Challenges/Barriers

### Time/Scheduling

Finding time to schedule training for residents and faculty has presented logistical challenges. It has been difficult to identify times when faculty and staff can meet together. The reduction in resident daily work hours limits the amount of access trainers have to residents. Web-based interactive training will provide the flexibility that faculty, residents, and preceptors need to address this challenge. Also, incorporating some redundancy into the system for training ensures that all residents are trained.

### Changing Attitudes and Behaviors

SBIRT is described as somewhat of a paradigm shift for most physicians, including residents. Residents need to overcome discomfort when discussing and addressing substance use problems with patients and change the historic tendency to automatically refer patients to a social worker to address substance abuse problems.

### Training

Obtaining initial buy-in for SBIRT in the psychiatry department was described as somewhat challenging. Some psychiatry residents felt that they already had received training in substance use screening and several wanted more in-depth MI training

beyond the brief intervention contained in the BNI. Adjustments to the curriculum (adding an hour, more education of MI, more practice role-playing the BNI) helped residents see the benefit of learning SBIRT.

### Oversight and Accountability

Staff described difficulty determining the full extent to which residents are performing BNIs with patients. There appear to be inconsistencies in the number of screenings and BNIs performed by residents and the number of BNIs that are being logged in the electronic health record.

### Referral Services

Specialty community-based alcohol and substance abuse referral resources are lacking, especially age-appropriate services for adolescents referred from the pediatrics department.

### Sustainability

The development of the Web-based BNI virtual coach is important to Yale's SBIRT sustainability efforts. The virtual coach is a Web-based interactive application that provides users with case scenarios where BNI skills are applied and the user receives real-time feedback on the intervention. At this time, funding for this project is insufficient. The SBIRT project staff is attempting to identify sources of funding for the virtual coach.

Another concern for the sustainability of the SBIRT Medical Residency Training Program will be maintaining the faculty's interest and participation in the program after the grant ends. Currently, a portion of the faculty champions' salaries are supported by the grant, and this funding will not be available after the grant expires.

Although Connecticut has activated its SBIRT billing codes and facilities are capable of billing, billing for services is not currently being done. The staff indicated that the rates are so low that when the business office reviewed billing for services, it determined that it would cost more in staff time to bill for the services than the reimbursement that the institution would receive.

## Team Roles and Responsibilities

- **Principle Investigator/Project Director:** Gail D'Onofrio, M.D., M.S., is responsible for overall educational content, programmatic administration, and SBIRT dissemination statewide. She works in collaboration with core senior faculty/team leaders/residency directors and practice consultants to confirm that policies and procedures will be developed to ensure ongoing integration of the

curriculum into the residency program and practice sites. Dr. D'Onofrio is responsible for writing interim reports, interpreting the evaluation data, and preparing the final reports and manuscripts.

- **Co-Investigator**: David Fiellin, M.D., works closely with Dr. D'Onofrio and other investigators to ensure that the project timeline is adhered to and that the residency education is disseminated effectively and widely. As core senior faculty, he participates in development, training, data management, and coordinates the preparation of all reports and publications regarding SBIRT research. He serves as medical director of the SAMHSA/CSAT Physician Clinical Support System for Buprenorphine and chair of the SAMHSA/CSAT Treatment Improvement Protocol Committee on Viral Hepatitis and Substance Abuse Treatment.

- **Co-Investigator**: Michael Pantalon, Ph.D., works to develop and write the BNI curriculum that is used at each practice site. He trains practice consultants to teach and perform BNI, providing clinical case examples and role-modeling. He holds training sessions as part of an ongoing BNI educational process and collaborates on data dissemination, data analysis, and the production of manuscripts. Dr. Pantalon serves as a member of the core senior faculty.

- **Co-Investigator:** Jeanette Tetrault, M.D., collaborates on project development, planning, data collection and analysis, and the production of manuscripts. She has primary responsibility for coordinating and implementing all project activities involving the Department of Internal Medicine, including the primary care, traditional medicine, and medicine-pediatrics residencies. Dr. Tetrault is an assistant professor in the Section of General Internal Medicine.

- **Co-Investigator:** Linda Degutis, Dr.PH, collaborates on project implementation, subject enrollment and followup, adherence to project protocol, interpretation of data, and writing research reports and manuscripts. Dr. Degutis has primary responsibility for coordinating and implementing all project activities involving the emergency medicine residency. She serves as a core senior faculty member, an advisor to the Emergency Nurses Association, mentor for Project Mainstream, and president of the American Public Health Association.

- **Co-Investigator:** Sheryl Ryan, M.D., leads and implements all project activities involving the Pediatric Medicine Residency Program and the pediatric component of the combined Medicine/Pediatric Residency Program. Dr. Ryan serves as a core senior faculty member, associate professor of pediatrics, and section chief of adolescent medicine.

- **Co-Investigator:** Steve Martino, Ph.D., assists in the development of the BNI curriculum and leads and implements all project activities involving the Psychiatry Residency Program within the consult/liaison rotation. He collaborates on data analysis, manuscript preparations, and SBIRT dissemination. Dr. Martino also serves a core senior faculty member and associate professor of psychology in psychiatry.

- **Co-Investigator:** Patrick O'Connor, M.D., M.P.H., collaborates with the principal investigator and co-investigators in the overall implementation of the study. He provides expertise in the design of intervention and training activities. He also contributes to data interpretation, presentation of project results, and preparation of manuscripts resulting from the project. Dr. O'Connor is a core senior faculty member and president-elect of the Association for Medical Education and Research on Substance Abuse (AMERSA).

- **Medical Team Leaders:**
  Internal Medicine—Jeanette Tetrault, M.D.
  OB/GYN—Stephen Thung, M.D.
  Pediatrics—Sheryl Ryan, M.D.
  Psychiatry—Steve Martino, Ph.D.
  Emergency Medicine —Linda Degutis, Dr.PH and Steven Bernstein, M.D.

- **Lead Evaluator:** Michael Green, M.D. Dr. Green is responsible for program evaluation. He serves as a core senior faculty member and is professor in medicine and associate program director of Ambulatory Education Yale Primary Care Residency Program.

- **Medical Residency Project Coordinator:** Shara Martel, M.P.H.

- **Virtual Coach Developer:** Brian Magerko, Ph.D.

**Administrative Observations:**

- The Principal Investigator and team members have significant background, research, and clinical experience with alcohol and substance use. This knowledge and experience provides a strong basis for the Medical Residency Training Project and has provided a foundation for the furtherance of SBIRT sustainability efforts.
- The medical specialty teams train and partner with physician assistants, nurses, and social workers in order to provide for the needs of their patients.
- The Yale SBIRT program partners with Project ASSERT, which provides health promotion advocates who are peer educators/interventionists to help patients access primary care and drug and alcohol treatment services. Project ASSERT utilizes its network of community partnerships and linkages to provide referrals.

# Curriculum

## Council of Residency Directors

The Yale Medical Center medical residency training team engaged the Council of Residency Directors to secure buy-in and approval before implementing the SBIRT program. The support for the SBIRT initiative is a natural outgrowth of the nearly 40 years of scholarship at Yale addressing addiction and primary care as well as previous research conducted at Yale addressing brief interventions within primary care settings.

## Core Curriculum

The SBIRT core curriculum, based on BNI, provides approximately 3 hours of training. The specific content of the training modules is tailored for each specialty area. Below is the training for each specialty area:

**SBIRT Core Curriculum:**

- Didactic presentation (1 hour): The didactic presentation orients participants to the fundamentals of MI and the steps of BNI.
- Skills-based practice (1 hour): Trainees work in role-play triads, practice the SBIRT skills, and receive feedback from their peers and the trainer.

- Participants receive further training in screening for alcohol and other drug (AOD) (10 minutes), performing intervention and referral (20 minutes), and direct observation and feedback.
- At the conclusion of the training and again 30 days later, participants conduct an interview with a Standardized Patient and a skills-adherence scale is completed measuring their fidelity to the model.

Internal medicine, pediatrics, psychiatry, and OB/GYN all deliver the same core curriculum components with enhancements that include specific relevant case examples of patients who would be served in their settings and schedule the training to fit within the schedules and requirements of the different settings.

## Future Curriculum Enhancements

### SBIRT Skills Adherence Assessment

Yale is considering two approaches to the assessment of residents' SBIRT skills performance: further development of the SBIRT skills adherence scale and a program that accurately transcribes audio tapes of residents' SBIRT interactions with their patients.

### BNI Virtual Coach

Yale is in the process of developing a BNI virtual coach. In this application, a trainee will have an opportunity to complete BNI with a virtual (avatar) patient and will receive real-time feedback from a virtual coach regarding the trainee's skills interviewing the patient. Further development of the BNI virtual coach will build functionality to assess attitudes, motivations, and goal orientation in order to provide more personalized feedback to the user. Under consideration is the possibility of hiring a professional actor to audio record the virtual coach and patient segments.

**Curriculum Observations:**

- **Trainings are adjusted by specialty area using relevant case-specific materials.**
- **Three hours of training is required for all residents.**
- **BNI adherence and competence checklists are used to assess resident Blending Initiative (BI) and MI skills.**
- **The curriculum is Web based and in the public domain.**
- **Medical residency training includes didactics, role-play, standardized patients with observation, and online portions.**

# Approach/Implementation

## Approach

Yale University School of Medicine's Medical Residency Training Program utilizes a physician-implementation model. In this model, the physician delivers all parts of the SBIRT intervention using BNI.

## Residency Training Implementation

The Medical Residency Training Program defines a training event as at minimum a 2-hour training session. As there are variations in practice and patient populations within residency program areas, no single training implementation model exists for delivery of SBIRT training. Each residency program uses the core curriculum, materials, and training exercise concepts as a foundation and then adapts the training program to meet its specific scheduling and practice needs.

## Faculty Training

Faculty are trained in SBIRT using the full core curriculum given to residents.

## Implementation Tools

**Implementation tools Include the following:**

- The BNI Adherence and Competence Checklist is a validated scale used to monitor and measure fidelity of BNI implementation.
- BNI and screening laminated pocket-cards are available to all trainees to support and remind them when conducting the BNI.
- The Virtual BNI Workshop is an online BNI training instrument developed by the program.
- The Knowledge and Skills Survey and a Brief Substance Abuse Attitudes Survey are pretest and posttest documents that are used to measure the impact of training for participants.

## Web Site

The www.yale.edu/sbirt Web site provides a virtual learning environment for the SBIRT Medical Residency Program and the public. The curriculum, quizzes, curricular

materials, and resources, including videos, surveys, evaluation instruments, and presentations, are accessible online. The Web site also includes links to scholarly articles and papers.

**Approach/Implementation Observations:**

- Allocating funds to specialty department leaders allows faculty to commit dedicated time to train residents and also gives the incentive of creating opportunities for cutting-edge scholarship on SBIRT.
- To motivate residents in the millennial generation, training might include an array of strategies that includes team/group work, technology, and visual learning.
- Yale has developed a series of useful instruments to support delivery of the SBIRT intervention with a high level of fidelity to the model.
- Yale has developed an informational Web site that provides multiple resources supporting SBIRT implementation.

# Data Collection and Evaluation

The project evaluator conducts process, impact, and outcome evaluations. The process evaluation assesses the Medical Residency Program's progress in training residents and oversees the dissemination of curricula through external training and events. The process evaluation also identifies challenges, solutions, and lessons learned. The outcome evaluation assesses the impact of training on residents' attitudes, knowledge, and skills related to SBIRT. The evaluation instruments include the Alcohol Education Test, the Brief Substance Abuse Attitude Survey (BSAAS), BNI Adherence and Critical Actions Checklist, documentation of performance of Screenings for Brief Intervention (SBIs) in practice, and trainee Government Performance and Results Act (GPRA) satisfaction survey.

The evaluation plan specifies the timing of survey instrument administration during the residency year as follows:

1. The Alcohol Education Test will be administered as a pretest before the training, 30 days after the training, and 3 years after the training.
2. BNI performance will be tested pre- and posttraining by audio recordings reviewed by independent raters in psychiatry.

3. Adoption of BNI in clinical practice will be done by a 30-day followup email survey and documentation via program evaluation systems
4. Training satisfaction will be tested at baseline and at 30 days.

5. The BSAAS will be used in the internal medicine programs

| Domain | Instruments |
|---|---|
| Process | Residents trained<br>Integration of SBIRT in graduate medical education (GME) curricula<br>Curricula dissemination and adoption and external training events |
| Satisfaction | GPRA Survey |
| Knowledge and Attitude Change | Alcohol Education Test<br>Brief Substance Abuse Attitude Survey<br>BNI Adherence and Critical Actions Checklist |
| Clinical Practice Change | Documentation of performance of SBIs in practice |

Yale Medical Center is transitioning to the MedHub software system that is being implemented for logging procedures and evaluations. BNI and screening will be implemented in this system, which will support adoption and monitoring of SBIRT delivery.

## Overall Data Findings

**Alcohol Education Test:** At baseline, the multiple choice question mean score was 5.6 for all residents; after 30 days, the score increased to 6.9. The mean score for true/false questions was 14.5 at baseline and 16.8 after 30 days. The overall mean scores on the Alcohol Education Test were 20 at baseline and 23.6 after 30 days.

**SBIRT interventions performed:** Reports specify that 635 SBIs were performed.

**Resident adherence to BNI protocol:** As a measure of implementation skills and fidelity, a sample of 86 practitioner scores was taken using the BAS to find the overall

adherence (sum of 15 BAS items). The overall pretest mean was 5.15 out of 15, and a posttest mean of 11.15 out of 15.

**Reflective listening:** The reflect motivation pretest mean scores were 3.53 and the posttest mean scores were 4.83. The reflect/redirect resistance pretest mean scores were 3.66 and the posttest mean scores were 5.44.

## Specialty Area Data Findings

### Pediatrics

**Pretest/posttest findings:** A finding for didactic presentation knowledge acquired was reported. The pre-score was a mean of 5.3 and the post-score a mean of 7.0. The case-based knowledge was a pre-score mean of 15.2 and a post-score mean of 16.4. The total pre-score mean was 20.5 and the post-score mean was 23.4. The BNI adherence pretraining score mean was 3.1 and the posttraining score was 8.4.

**Training Satisfaction:** The mean total satisfaction score was 1.4 immediately posttraining and at 30 days posttraining, the score was 1.6.

**SBIRT implementation:** As of September 2011, 34 BNIs were logged.

### Internal Medicine

**Training satisfaction:** The mean score posttraining was 1.6 and the mean training satisfaction score on followup was 1.75.

**SBIRT Implementation:** As of September 2011, 256 SBIs were performed.

### Psychiatry

**Knowledge:** The mean total BNI score was ~12 posttraining and at 30 days after training, the mean score was ~10.5.

**SBIRT Implementation:** The mean number of BNIs completed with patients was 43.

**Data Collection and Evaluation Observations:**

- The BAS assesses adherence (whether the prescribed BNI action was done), addresses how well the BNI is done, and monitors fidelity of intervention.
- How well the BAS would work when applied to drug interventions awaits further study.

# Program Area Summaries

## Pediatrics Residency

**Participant interviewed:** Sheryl Ryan, M.D.

**Buy-in:** The medical staff is described as including all levels of support and buy-in for SBIRT.

**Clinical implementation of SBIRT:** SBIRT has been integrated into the pediatrics department practices and faculty indicated that implementation will continue after the SBIRT Medical Residency Training Program has ended. The program trains 24 residents in pediatrics and medicine/pediatrics per year. The SBIRT activities begin in the second year for pediatrics and the third year in the medicine/pediatric elective on adolescent medicine.

**Challenges:** Access to community treatment referrals that are appropriate to the needs of adolescents is described as challenging.

**Current screening practices:** Pediatric residents use the Community Reinforcement and Faculty Training (CRAFT) and the Home, Education/Employment, Activities, Drugs, Suicide/Depression, Safety (HEADSS) assessments for screening adolescents.

## Internal Medicine Residency

**Participant interviewed:** Jeanette Tetrault, M.D.

**Observations:** Major topics of discussion included: (1) successes with SBIRT training and adoption, (2) challenges logging SBI's into current systems, and (3) challenges with referral to treatment.

The internal medicine residency operates the following sites:

- Primary Care Center, Yale New Haven Hospital
- Chase Outpatient Center, Waterbury Hospital
- Family Health Center, St. Mary's Hospital

**Buy-in:** Staff describes strong support for adopting SBIRT.

**Current screening practices:** Internal medicine uses the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines and the CAGE assessment.
**Residents:** Internal residents include: 90 (traditional) internal medicine, 42 primary care internal medicine, and 16 medicine-pediatric residents. As of September 2011, the program has trained 148 residents.

**Challenges**

- Residents successfully screen patients but require further guidance and support addressing alcohol/drug abuse issues when detected.
- Prescription opioid use is identified as a significant patient problem within the primary care settings.
- SBIRT is not currently imbedded in the existing electronic medical record (EMR) system, but will be part of the Electronic Privacy Information Center (EPIC) system when it is implemented.

## Psychiatry Residency

**Participant interviewed:** Steve Martino, Ph.D.

**Observations:** Major topics of discussion included: (1) building buy-in with faculty and residents, (2) implementation of SBIRT training within current curriculum, and (3) co-occurrence of psychiatric issues with substance abuse problems.

**Buy-In:** Staff described that is was more challenging to get psychiatry residents to understand how SBIRT applies to them. Contributing factors included: 1) many residents had already received training in substance use disorders and screening; 2) residents wanted more thorough training in MI; and 3) some residents felt the brief intervention was relatively simplistic in the context of their overall psychotherapy training. These issues were more prominent in the first year and lessened in years 2 and 3, when the training time was extended from two to three hours to include more MI education and more practice role playing the approach.

**Current screening practices:** Psychiatry residents follow the NIAAA guidelines for alcohol screening and use the CAGE assessment for its screening instrument.

**Residents:** As of September 2011, 43 residents have been trained in the psychiatry residency. Pre-, post-training, and 4 – 8 follow-up data based on independently rated samples of practice behavior showed residents demonstrated significant gains in BNI adherence.

**Challenges:** Enhancing residents' understanding that the BNI training is not psychotherapy and successfully orienting residents on how SBIRT/BNI fits into psychiatry practice are challenges.

## Emergency Medicine Residency

**Participants:** Steven Bernstein, M.D.

**Observations:** Major topics of discussion included: (1) building resident buy-in and (2) successes and challenges implementation into current curriculum.

**Buy-in:** There is a strong buy-in within the emergency medicine staff.

**Current screening practices:** The NIAAA alcohol use questionnaire and the CAGE assessment are used to screen patients.

**Residents:** As of September 2011, 62 residents have been trained.

**Challenges:** Making the transition to the EPIC EMR system and imbedding behavioral health capacities within the system are described as a challenge for the next 18 months.

## Obstetrics and Gynecology Residency

**Participants:** Stephen Thung, M.D., M.S.C.I.

**Observations:** The OB/GYN department serves with the Women's Center at Yale New Haven Hospital. Major topics of discussion included: (1) training residents in the use of SBIRT, (2) logging into SBI's electronic systems, and (3) physician time constraints.

**Buy-In:** A strong buy-in is described within the OB/GYN department.

**Screen:** The NIAAA guidelines for alcohol screening and the CAGE assessment are used.

**Challenges:** Residents do not consistently log their SBIRT encounters within the existing documentation system. One concern is that there will be a decline in skills for residents not regularly using SBIRT techniques in practice. Booster training sessions are being considered for those who are not regularly using the intervention. Residents' time constraints present a challenge.

**Residents:** As of September 2011, 29 residents have been trained.

**Sustainability:** SBIRT training has received dedicated time during the annual intern orientation, and there are now two additional faculty members in OB/GYN trained to train residents and staff in SBIRT. To further support sustainability, the American College of Obstetrics and Gynecology is supporting and endorsing alcohol and pregnancy SBIRT training and adoption. Efforts to train allied health staff are anticipated in the near future.

# 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**

- Engaging residency directors and other faculty early helps to ensure buy-in.
- The use of training leaders of specialty areas, who are well-respected experts in their fields, supports buy-in within their specialty area.
- Use grant-funding dollars to support faculty time to train and implement SBIRT.
- Yale has exceeded its grant performance target for the number of residents trained as of September 2011.
- Reporting: Getting residents to document an accurate count of the SBIs they are performing is challenging. This is further exacerbated in the shift to the EPIC system from current EMR system.
- Time and scheduling: Getting faculty, staff, and residents in the same room and finding the time to train and be trained is challenging.
- Successfully working with the information technology (IT) department, which is critical for the transition to the new EMR and integrating SBIRT elements into the new system, is challenging.
- Added resources are necessary to fully develop the virtual coach application.
- Yale has developed an informational Web site that provides multiple resources supporting SBIRT implementation.
- Possible TA improvements include:
  - Developing/translating materials for the Spanish-speaking population (building on cultural competence)
  - Expanding work and training to Allied Health Providers.