

Howard University College of Medicine

Program Description

The Howard University College of Medicine and its teaching hospital, Howard University Hospital, will implement a Screening, Brief Intervention and Referral to Treatment (SBIRT) training program for 140 medical residents and fellows in multiple primary and specialty care disciplines, including, internal medicine, community and family medicine, pediatrics, obstetrics and gynecology, psychiatry, neurology, ophthalmology and dentistry. The SBIRT program will allow the program to expand its core curriculum for medical residents and facilitate skill development to implement universal screening to identify and address at risk substance use and substance abuse/addiction among patients.

Unique factors of the Howard SBIRT as a part of or affecting the program will allow Howard University's residents to provide medical services to a culturally diverse patient populations, many of whom belong to groups that experience some of the nation's largest health disparities. As such, high levels of cultural awareness and culturally relevant skills applicable to diverse ethnic and language population groups are needed to enhance patient-provider communications that impact patient care and outcomes. Therefore, the Howard University SBIRT Medical Residency Program will develop, implement and evaluate a culturally competent SBIRT training curriculum for its medical residency program. Populations impacted by the residency program and clinics include:

- Washington, D.C. Metropolitan area urban and low-income populations seeking secondary and tertiary health care
- All 1st year postgraduate physicians accepted into the residency training programs at Howard University Hospital will be trained in the knowledge, attitudinal and behavioral skill components of SBIRT.

Program Model

The program model integrates multi-media, didactic and experiential learning modalities to provide a comprehensive approach for residents to gain knowledge and effective skills to address substance abuse problems during patient encounters.

The unique program focus on curricula development and dissemination at Howard University SBIRT Program seeks to integrate knowledge and skill applications that are relevant to multicultural and diverse ethnic groups of patients. As well, the Howard University SBIRT program is uniquely applicable to the urban and high-risk populations that frequently receive care at the Howard University Hospital.

The types of screening tools and methodologies proposed include number of screening tools that will be provided to the residents in order to increase their skill in identifying a variety of

substance abuse risks and behavioral trends. Screening tools include: AUDIT, AUDIT-C, DAST, and TWEAK.

Among the particular and innovative teaching/training approaches that are part of the medical residency training program, at Howard University SBIRT Program will entail implementation of an online curriculum, mandatory core lectures in SBIRT, motivational interviewing training, and interactions with standardized and actual patients to develop and increase residents' skill in screening for substance abuse during patient encounters.

Approaches to training on Brief Intervention, Brief Therapy and Referral to Treatment at the Howard University SBIRT Medical Residency Program will be utilization of an online curricula, core lectures, standardized and actual patients to gain mastery in effective patient communication to minimize substance use and abuse risk in patients.

Service Features

Locally significant specialties or patient groups targeted for attention Include underserved populations in an urban setting. Universal screening will be provided for all patients treated in primary care departments. Upon screening the patient for substance abuse behaviors, residents will provide brief intervention and referral to treatment, as appropriate.

The evaluation focus and expected outcomes for the program are many. Change in the medical residents' SBIRT - related knowledge and attitudes will be measured using pre- and post training screening tools. All data collection instruments will be pilot tested. Howard University medical residents will complete an online curriculum that includes: six learning modules covering 1) substance abuse, 2) background on screening and brief intervention, 3) readiness to change and motivational interviewing, 4) SBIRT screening tools and brief intervention skills, 5) cultural relevance and 6) referral to treatment and reimbursement for services.

Each module is accompanied by a case-based assessment that must be completed with 100% accuracy in order to fulfill the online component of the training. Further, the residents will also be assessed on their use of screening and brief intervention skills with standardized patients. The standardized patient will complete an exit interview and the resident will provide a self-assessment. As well, a tape recording of the standardized patient encounters will be scored and instructive feedback will be provided to the resident. Subsequently, residents will demonstrate successful SBIRT skills with a minimum of 5 actual patients. It is expected that the residents will demonstrate proficiency in using SBIRT-related skills with patients, including how to bill appropriately for SBIRT related services provided during the medical encounter. A logic model is being developed to track and monitor implementation fidelity of the HU-SBIRT training program.

Collaborations with non-program organizations contain SBIRT training for local medical service provider communities as a component of Howard University's dissemination plan. The Howard University Hospital supports health education projects in schools, churches, local health clinics, and community events. Also, the Addiction Prevention and Recovery Administration has been

notified of Howard University's participation in SAMHSA's SBIRT for Medical Residency Programs.

Expectations pertaining to final results and outcomes are multivariate. Final results of all aspects of this implementation will inform future residency training programs in the areas of Screening, Brief Intervention and Referral to Treatment. It is intended that that the learning derived from this implementation will result in use of SBIRT as standard practice in the primary care departments and that SBIRT will serve as a model for future implementation in other areas of patient care. Future implementation may include exploration of the use of multiple modalities for screening patients and educating patients at risk, e.g., online screening tools, and/or audio/visual, e.g., u-tube, technology for patient risk reduction education presentations.

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