

One Size Doesn't Fit All: Screening, Brief Intervention, and Referral to Treatment (Sbirt) Education for Medical Professionals

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Introduction: Alcohol and other substance use contribute to a major, preventable, international healthcare burden. The evidentiary bases for screening, brief intervention, and referral to treatment (SBIRT) for alcohol are well-established, while research on SBIRT for other substance use is ongoing. In the United States, funding for SBIRT education among medical professionals recently has expanded beyond physicians to include other healthcare providers such as nurses and social workers.

Objectives: This brief study measured characteristics of nurses, social workers, and physicians at the beginning of the first year of graduate education (nurses, social workers) or post-graduate year 1 (physician residents) to assess potential baseline differences in knowledge, attitudes, beliefs, and behaviors related to SBIRT.

Aims: The aim of this study was to inform targeted modification of SBIRT education programs based on baseline differences between professions.

Methods: Participants (n = 81 [16 physicians, 27 nurses, 38 social workers]) completed a 36-item assessment of baseline behaviors (modified from Hetteema et al., 2012) and knowledge, beliefs, and attitudes predictive of SBIRT performance (Gassman et al., 2003). Differences between groups were assessed using ANOVA and the Tukey or Games-Howell post-hoc test (contingent on homogeneity of variance).

Results: The study identified differences among professionals for 13 of 36 measured variables across several domains: SBIRT behaviors, beliefs about time utilization, satisfaction working with at-risk clients, self-efficacy, and perceived organizational resources.

Conclusions: Preliminary data suggest that SBIRT training for medical professionals might be improved by attending to specific differences among nurses, physicians, and social workers in several key areas.