

Teaching Screening, Brief Intervention, and Referral to Treatment Techniques to Nurse Practitioner Students

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ABSTRACT

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a universal, evidence-based practice for patients with at-risk alcohol and other drug use. The purpose of this project was to educate nurse practitioner students (NPSs) in SBIRT to increase knowledge, skills, and attitudes related to working with alcohol and other drug—using patients. Thirty-four primary care NPSs underwent in-class and online training, with evaluations pretraining and posttraining. SBIRT training of NPSs may help develop their assessment and intervention skills, along with more positive attitudes that are essential for SBIRT implementation. Increasing nurse practitioners' use of validated screening instruments and intervention skills may improve patient outcomes.

Keywords: advanced practice nurse, evidence-based practice, nurse practitioner, screening, Screening, Brief Intervention, and Referral to Treatment

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According to the Nation's Number One Health Problem report, substance use disorder (SUD) is considered responsible for more illness, disability, and mortality than any other recognized preventable disorder.¹ Worldwide, 4% of the deaths in 2009 were attributed to SUD.² Alcohol and other drug (AOD) use were also reported to account for 5.4% of the global economic burden, with more than \$190 billion spent annually in the United States alone.^{3,4} Over 23 million persons aged 12 or older needed treatment for an AOD-related problem in 2008, yet only 2.3% received treatment.⁵ In addition, as many as 25% to 50% of patients struggle with these problems,⁶ and approximately one quarter of all hospital admissions may involve complications related to substance use.⁷

Using a sample of 5% of Medicare recipients nationwide, the number of individuals who received treatment from nurse practitioners (NPs) increased 15-fold from 1998 to 2010.⁸ With health care reform being implemented, insurance will be expanded to cover an estimated 32 million Americans.⁹ With the new influx of patients into the health care system,

NPs can continue to expect increases in patient numbers. As their role in primary care continues to grow, NPs are presented with a unique opportunity related to patients with AOD use problems. According to the National Institute on Drug Abuse, substance abuse creates \$600 billion in costs annually for the US.¹⁰ One of the most effective ways to cut costs related to substance use is proper treatment. According to estimates, each dollar invested in addiction treatment programs nets a return of as much as \$12 in reductions of health care costs, drug-related crime, and criminal justice costs.¹⁰

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a universal screening and early intervention model for patients at risk of developing a SUD. It has been associated with decreased alcohol and health care use, with early SBIRT estimates indicating that 74% of individuals at high risk of developing a SUD reported lowering their alcohol and drug use after being exposed to at least 1 brief intervention and 48% of them reporting that they completely stopped using substances.^{4,11} SBIRT is also considered cost-effective; with every dollar spent

on SBIRT implementation, approximately \$4 are saved in primary care, trauma center, and emergency room health care costs. In addition, SBIRT has been shown to reduce hospitalization-related costs by around \$1,000.⁴ As a result, SBIRT is currently considered a part of the mandatory outcomes reporting by the American College of Surgeons, the Commission on Accreditation of Rehabilitation Facilities, The Joint Commission, and the Veterans Health Administration.¹¹

Despite evidence of the effectiveness of SBIRT, patients with at-risk AOD use are often not identified by primary care providers. The implementation of SBIRT into practice has met many barriers including insufficient time, lack of training and skills, discomfort in discussing substance use with patients, and negative attitudes toward AOD-using patients.¹²⁻¹⁴ Negative attitudes can be particularly harmful; a number of studies have observed that health care providers with negative attitudes toward AOD-using patients implement less screening and intervention into their practice.^{15,16} Not only is screening and intervention less likely to occur, but health care attitudes have also been linked as predictive factors for effective AOD treatment.¹⁷ A study across 9 countries by the World Health Organization found that increased perceptions of role security (feelings of having adequate knowledge and skill to intervene) and role legitimacy (feelings of having a right to intervene) increased the likelihood that physicians would address their patients' alcohol use problems.¹⁸

Prior studies have shown that education and training in SBIRT have resulted in increased positive attitudes toward AOD-using patients and training satisfaction in a sample of undergraduate nursing students.^{14,19} Compared with primary physicians, NPs are often described as being better at communicating and offering self-care advice to their patients.²⁰ In addition, NPs partnered with physicians' patients with chronic disorders reported better health outcomes²⁰; thus, a tremendous opportunity exists to train NPs to care for patients at high risk of developing a SUD.

Because the role of NPs in substance use is expected to grow, NPs are in a unique position to assist in the implementation of SBIRT, in both hospital and primary care health settings.²¹ Studies

have shown that NPs trained in AOD use assumed a more leading role in substance use management through offering support, expert advice, and education to general practice nurses and other health care providers on the assessment and management of patients who use AOD.²¹⁻²³

In addition, NPs at the administrative level were more involved in developing policies and extending the scope of nursing practice that facilitated the incorporation of screening and intervening for substance use problems (eg, by using SBIRT). Thus, screening for alcohol and drug use has been delineated as an essential part of the NP's role.^{21,23} The level of commitment to the application of SBIRT exhibited by NPs may also instill confidence and decrease discomfort among other nurses and health care providers.²³⁻²⁵ Thus, through early screening, NPs may be able to lower the risk for patients using AOD of becoming diagnosed with a mild to severe SUD or refer patients who are diagnosed with a mild to severe SUD to appropriate care. SBIRT training of NP students (NPSs) promises to develop the assessment and intervention skills along with more positive provider attitudes that are essential for the implementation of SBIRT into practice.

The purpose of this project was to educate NPSs in the evidence-based practice of SBIRT in order to change their attitudes related to working with AOD-using patients. Increasing NPs' use of validated screening instruments and intervention skills has the potential to improve patient outcomes.

METHODS

Sample

The sample consisted of 34 primary care NPSs enrolled at the University of Pittsburgh School of Nursing. The majority of the 34 primary care NPSs were enrolled in the family track (21 [63%]), whereas the remaining were in the adult, psychiatric, pediatric, and neonatal tracks. The students were primarily white ($n = 28$, 85%) and female ($n = 28$, 85%), with an average age of 31.7 years (standard deviation = 6.8 years).

Instruments

The Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) is a multidimensional

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