



A teachable moment for the teachable moment? A prospective study to evaluate delivery of a workshop designed to increase knowledge and skills in relation to alcohol brief interventions (ABIs) amongst final year nursing and occupational therapy undergraduates



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ABSTRACT

The perceived value of Alcohol Brief Interventions as a tool to address alcohol misuse in Scotland has supported the establishment of a Health Improvement, Efficiency, Access and Treatment, HEAT: H4 Standard to deliver ABIs within certain health care settings. This requires that nursing, medical and allied health professionals are appropriately skilled to deliver these interventions. This study explores the knowledge and attitudes regarding alcohol misuse and related interventions among two cohorts of final year nursing and occupational therapy undergraduate students before, during and following participation in a workshop devoted to ABI delivery. While relatively good knowledge around recommended limits for daily consumption was evident, this did not translate into competence relating to drink unit content. Although there was overwhelming agreement for the role of each profession in ABI delivery, less than half of students in each cohort at the outset of the workshop agreed that they had the appropriate knowledge to advise patients about responsible drinking. In both cohorts, at the three month follow-up stage, this percentage had almost doubled. Newly qualified practitioners perceived a wider role for motivational interviewing, and endorsed interactive delivery of alcohol education throughout all levels of the curriculum.

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1. Introduction

The burden imposed by the misuse of alcohol in financial, social and personal terms in Scotland is well documented. Governmental responses have been enacted through legislative and policy interventions. One interactive intervention with an expanding evidence base is the alcohol brief intervention (ABI).

An ABI has been defined in various ways, one being

“a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm” (Scottish Government, 2011a, p. 1).

Alcohol brief interventions are essentially conversations using specific techniques to encourage behavioural change, and are based on recommendations made in the Scottish Intercollegiate Guidelines Network (SIGN) 74 Guideline (SIGN, 2003 – now withdrawn as more than 10 years old). They use motivational interviewing to

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examine and resolve ambivalence about behaviour change (Rollnick, 1996), and utilise important therapeutic skills (feedback, responsibility, advice, menu of options, empathy, self-sufficiency) as described in the FRAMES model (Miller and Rollnick, 1991). An ABI has been described as a “teachable moment”, a time when individuals are faced with the consequences of their actions and therefore more receptive to the suggestion of behaviour change (Bridgeman et al., 2012).

In support of the SIGN guideline, and in response to the development of the Alcohol Framework for Scotland (Scottish Government, 2009), targets for the delivery of ABIs were determined, in the form of Health Improvement, Efficiency, Access and Treatment (HEAT: H4), in three healthcare settings; antenatal, primary care, and Accident and Emergency. This H4 target has now been adopted as Standard by the National Health Service (NHS) in Scotland (ISD, 2014).

1.1. Background

Early evaluation of the ABI programme in Scotland has shown NHS healthcare staff believes delivering ABIs to be a worthwhile activity, and a valid use of NHS resources (Parkes et al., 2011). The efficacy of ABIs has been endorsed (Heather, 2011), but the importance of tailoring approaches to consider setting and drinker type is recognised, given varied results regarding their success (Kaner et al., 2009; McQueen, 2013; Shiles et al., 2013), with acknowledgement of the potential for alcohol identification and brief advice to be delivered beyond primary care and hospital departments (Thom et al., 2014).

In Scotland, ABIs are now being conducted in an increased range of settings, including pharmacy, mental health, alcohol detox, criminal justice, youth work and young people, NHS/non-NHS workplaces, and in conjunction with third sector organisations (NHS Health Scotland website). NHS Health Scotland gives several examples of ABIs, traditionally implemented by medical or nursing staff, now being delivered by a range of allied healthcare professionals, including occupational therapists (McQueen, 2013), podiatrists, and recommends delivery by dentists (McAuley et al., 2011) and community pharmacists (McAuley et al., 2012).

In their evaluation of the ABI programme in Scotland, Beeston et al. (2012) record its achievements but highlight the potential benefit of “further embedding alcohol screening and brief intervention training within the undergraduate and postgraduate curriculum for health and other relevant professionals” (p26). Concerning the last point, Gill et al. (2009) highlighted knowledge gaps among nursing and allied health professional students (NAHP) from across Scottish higher education institutes (HEI). Almost half did not feel they had the knowledge to appropriately advise patients about responsible drinking or alcohol misuse. Occupational therapy students, despite communicating high self-belief in their abilities, demonstrated key knowledge gaps (Gill et al., 2010). Gill and O'May (2011) argued that focus upon responsible alcohol consumption and misuse within the curricula must be achieved to ensure the future sustainability of ABIs.

Substance misuse teaching within the undergraduate medical curriculum is now implemented in all medical schools in the UK (International Centre for Drug Policy, 2012). However Patel et al. (2014) reported that 96% of a cohort of medical students (n = 100) in clinical placements in the north-west of England had not heard of identification and brief advice for alcohol. Conversely, in Scotland, following introduction of the new curriculum, medical students showed improved confidence in their ability to recognize hazardous and harmful drinkers and knowledge regarding their management (Steed et al., 2012).

No such universal curriculum exists for NAHP students within

the UK. A recent survey by Holloway and Webster (2013a) found a need for increased and more focused alcohol education for pre-registration nursing students of all fields of practice. Despite appeals for greater emphasis on alcohol in undergraduate and postgraduate occupational therapy training (McQueen, 2013), a survey sent to all institutions in Scotland delivering occupational therapy undergraduate teaching reported a fragmented approach to alcohol misuse education (MacLean et al., 2014).

In the United States, Vadlamudi et al. (2008) evaluated the effect of an educational intervention on the attitudes, beliefs and confidence levels of pre- and post-registration student nurses (n = 181) regarding screening and brief intervention for alcohol problems. The intervention consisted of an interactive lecture and a role-play demonstration, which focused on Brief Negotiation Intervention (BNI) technique. This aimed to improve care for patients with alcohol problems, by means of identification and delivery of advice. The intervention was assessed using a 100-item questionnaire and statistically significant positive changes in the nurses' attitudes, beliefs and confidence levels regarding alcohol abuse and its treatment were reported (95% CI, p = 0.000). Also in the US, Mitchell et al. (2013) describe a screening, brief interventions and referral to treatment (SBIRT) programme embedded in the undergraduate nursing curriculum (n = 488). More than 90% of students strongly agreed or agreed that the training was relevant to their nursing careers and would help their patients. A recent Brazilian study, using a quasi-experimental approach, found that an educational programme in brief interventions for alcohol problems delivered to undergraduate nursing students (n = 160) facilitated effective acquisition of knowledge and changes in attitudes in working with patients with alcohol problems (de Barros Junqueira et al., 2015).

Given the significance of ABIs within the NHS in Scotland, and the acknowledged lack of alcohol education elsewhere within the UK undergraduate healthcare curriculum (Rassool and Rawaf, 2008), we report the evaluation of a “hands on” interactive workshop. This intervention built on earlier work carried out by members of the research team (Gill et al., 2010, 2011; Gill and O'May 2011), and was developed in conjunction with, and delivered by, national alcohol brief intervention trainers to two successive cohorts of final year nursing and occupational therapy students at a Scottish higher education institute (HEI).

This study therefore aims to;

- document knowledge and understanding of fourth (final) year nursing and occupational therapy students in relation to alcohol misuse and alcohol interventions before, immediately following, and three months after, attendance at an ABI workshop; and
- explore students', now qualified practitioners', retrospective perceptions of the workshop, its content, retention and relevance to their practice

2. Research design

2.1. Design

A mixed method prospective cohort study.

2.1.1. Sample and recruitment procedures

Participants were all final year nursing (NU) students and occupational therapy (OT) students matriculated at one Scottish HEI during the academic years 2012/13 (Cohort 1) and 2013/14 (Cohort 2). The workshop content (see Appendix 1) was delivered by two national ABI trainers during one day of the first semester timetable (November 2012 and 2013) to both cohorts; all students

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