Using and Assessing SBIRT (Screening, Brief Intervention, and Referral to Treatment) and MI (Motivational Interviewing) to Enhance Communication in Healthcare & Health Literacy in the Family Medicine Accelerated Track (FMAT)

Shyla Arismendez, Aaron Chen, Judy Dewitt, David Fields, Dominique Gagnon, Seferino Gomez, Jacob Hall, Zoie Walker | FMAT Class of 2019



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FMAT Program:

TTUHSC has implemented a 3-year accelerated medical school curriculum that culminates in the MD degree and prepares students for a standard 3-year family medicine residency. This program has graduated 39 medical students in four classes, with another three classes in training. The FMAT program incorporates intensive focus on patient interviewing and physical examination and diagnosis across an 8-week systems-based course between students' M1 and M2 years. Also a key element of our school's curriculum is a focus on SBIRT (Screening, Brief Intervention, and Referral to Treatment) and MI (Motivational Interviewing) to Enhance Communication in Healthcare & Health Literacy within the M2 and M3 years.

Project Background & Purpose:

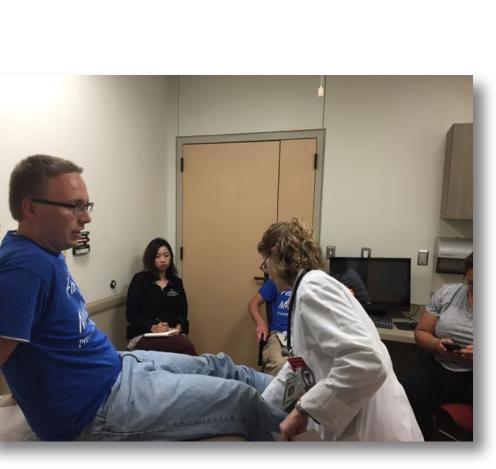
The purpose of this initiative is to assess whether

- 1) Students develop proficiency in the use of SBIRT and MI
- 2) Students can employ techniques in clinical settings
- 3) SBIRT and MI are effective relative to other teaching modalities.

Methods: During the FMAT1 course in the summer of 2017, students studied outcomes from educational activities that use SBIRT and MI, beginning with a baseline measure of their own knowledge and attitudes. Over the course of the summer and during the Neuropsychiatry week, they tracked and assessed the use of effective communication tools to assess health behavior risk (including risk related to substance use), engender behavior change, and promote shared decision making. Outcomes were measured via pre/post tests, the Addiction Belief Inventory & an OSCE.

Measure		Pre-Test	Follow-Up
I feel comfortable making referrals to treatment for alcohol/substance misuse		3.75	4.00
I feel comfortable screening my patients for alcohol and substance use		3.63	3.88
I feel comfortable intervening with patients at risk for unhealthy alcohol/substance use		4.00	4.00
In comparison to other drugs, alcohol isn't highly addictive		1.88	1.38
Due to the public's high regard for physicians, doctors are less likely to experience severe repercussions if they are found to be abusing alcohol		1.63	1.63
Substance Use Knowledge		60%	75%
Test Score		SD 1.12	SD .92
Relapse is a personal failure. Alcoholics/addicts are personally responsible for their addiction. People use substances to lessen their depression. A recovering addict should rely on other experts for help. An alcoholic/addict must seek professional help. Alcoholics/addicts are not capable of		3.00	3.38 4.25 3.75
solving their own problems.		2.62	







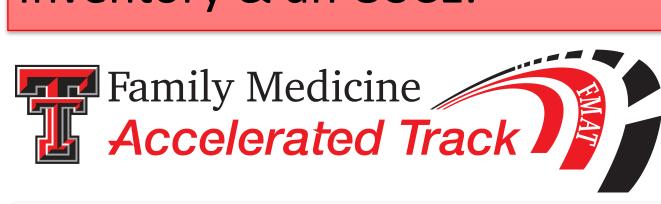






Discussion & Conclusions

- In the Family Medicine Accelerated Track (FMAT), TTUHSC has developed a unique strategy to improve the primary care physician workforce. FMAT affords students a complete medical education in three years, increased faculty support, financial incentives, and earlier clinical experiences.
- In this self-directed learning activity, students have been engaged in identifying, analyzing, and synthesizing information relevant to their learning needs about effective communication in primary care settings.
- SBIRT and MI have been extensively integrated throughout the 8-week systems-based FMAT1 course, including the Neurosciences, Respiratory, Cardiovascular, Gastrointestinal and OB/Gyn systems weeks, as well as in clinical simulations.
- Concentrated use of SBIRT and MI resulted in marked growth in student confidence about how to counsel patients. From baseline to follow-up, on a test of knowledge, students demonstrated improved understanding of substance use.
- An intensive experience such as FMAT1 offers an ideal opportunity to integrate and measure skills development with enhancing communication in healthcare & health literacy.



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