

ADOLESCENT SBIRT

Screening, Brief Intervention & Referral to Treatment

EDUCATIONAL EXEMPLAR

Teaching Undergraduate Nursing Students at University of Michigan to Deliver Adolescent SBIRT for Substance Use

Background

Adolescent substance use is a significant concern worldwide, and is the most preventable and costly public health problem in the United States (Feinstein, Richter, & Foster, 2012). The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the use of screening, brief intervention, and referral to treatment (SBIRT), an evidence-based approach for identifying and addressing substance use behaviors before more serious problems develop (SAMHSA, 2017). Despite these

recommendations, SBIRT training has remained absent from most undergraduate nursing curricula. Interactive computer simulation for adolescent SBIRT may be a practical, efficient, and cost-effective way to educate undergraduate nursing students.

This educational exemplar describes and evaluates the effectiveness of an interactive computer simulation program (*SBI with Adolescents*, Kognito), and face-to-face clinical simulation for adolescent SBIRT in an undergraduate nursing program at the University of Michigan School of Nursing (UMSN). Although

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- UMSN Undergraduate Nursing Student



this methodology has now been applied to more than 1,000 undergraduate nursing students at UMSN since its successful and sustained integration into the curriculum, this exemplar focused on a cohort of 144 junior level nursing students in 2018.

Opportunity

As a first point of contact in most health care settings and specialties, nurses represent a uniquely positioned sector of the workforce to address SBIRT for substance use as a means to respond to this public health priority. The integration of education and training to deliver adolescent SBIRT into nursing school curricula is consistent with recommendations set forth by a number of professional entities, including the American Association of Pediatrics and SAMHSA (2017).

SBIRT has been identified as an integral part of nursing practice (Finnell, Nowzari, Reimann, Rischer, Pace, & Goplerud, 2014). The Emergency Nurses Association, and the International Nurses Society on Addictions, issued a joint position statement, urging “that nurses in all practice settings be prepared to deliver screening, brief intervention, and referral to treatment to identify and effectively respond to alcohol use and related disorders across the lifespan” (Strobbe, Perhats, & Broyles, 2013).

As an extension to an initiative

funded by the Conrad N. Hilton Foundation, and administered by NORC at the University of Chicago (NORC), faculty at UMSN integrated education and training in the delivery of adolescent SBIRT into the undergraduate nursing curriculum. This educational exemplar describes those efforts, and results, among a subset of those students.

Methods

Education and training in the delivery of adolescent SBIRT was integrated into the undergraduate nursing curriculum at UMSN, in conjunction with clinical courses in psychiatric-mental health nursing across the lifespan (Burmester et al., 2019). Students were granted access to a highly interactive computer simulation (*SBI with Adolescents*, Kognito), that they were able to complete independently, online, at their own pace (2 hours).



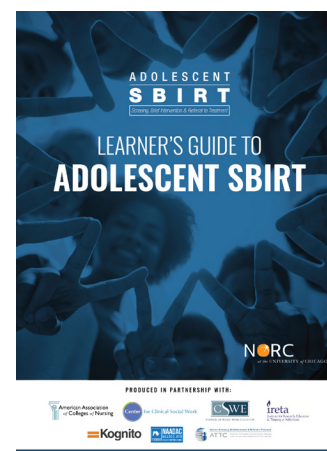
In addition to a series of case scenarios, with practice sessions supported by a virtual coach, this program included pre- and post-survey data measuring self-perceived *competence*, *confidence*, and *readiness to deliver* adolescent SBIRT, as well as an

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assessment challenge to measure specific skills including, but not limited to, engagement, building rapport, providing feedback, and motivational style. Qualitative data were also gathered regarding the students’ computer simulation experiences.

Following completion of the computer simulation program, students then met with their respective clinical faculty and clinical groups of approximately eight students each, to further practice their adolescent SBIRT skills in face-to-face sessions. This activity was supported using portions of the *Learner’s Guide to Adolescent SBIRT* and companion



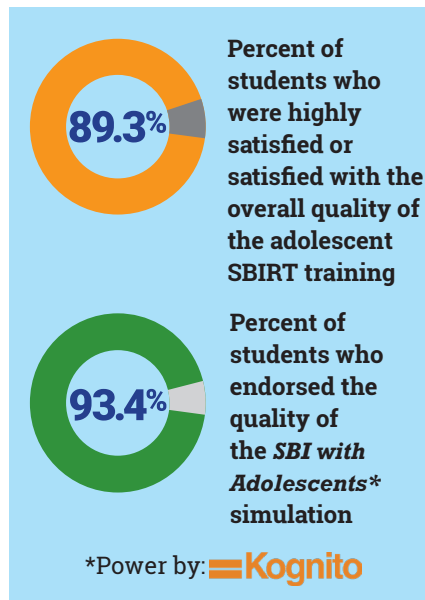
slide deck prepared and provided by the SBIRT Team at NORC, during which students were able to engage and interact through role-play, and to provide and receive feedback (2 hours).

Results

Of 144 students who completed the *SBI with Adolescents* computer simulation, 134 (93%) students achieved the recommended passing assessment challenge score (≥ 75) on a first attempt, with a mean score of 86.44/100.

Pre- and post-survey analysis revealed significant ($p < 0.001$) increases, across all indicators, in self-perceived *competence*, *confidence*, and *readiness to deliver* adolescent SBIRT. Among post-survey respondents, 89.3% were highly satisfied or satisfied with the overall quality of this offering, and 93.4% endorsed the quality of the simulation with virtual adolescents.

Students praised the realistic, structured, and interactive aspects of the computer simulation. One student noted, "The simulation was very similar to situations I may encounter in real practice. The outline was very organized so I had a direction on how to intervene when adolescents could be the most motivated." Another student wrote, "I liked how the conversation, especially on the adolescent's end, was very realistic and similar to things I would have said when I was that age. I also liked how easy to use it was and



how the generated responses always seemed to convey the emotions and things I wanted to be said by the practitioner."

Conclusion

In summary, education and training in adolescent SBIRT for substance use was successfully integrated into an undergraduate nursing curriculum at a major Midwestern university, using both an interactive, online computer program, and face-to-face clinical simulation. Students demonstrated increased knowledge and skills as reflected by quantified assessment challenge scores, as well as pre- and post-survey data related to self-perceived *competence*, *confidence*, and *readiness to deliver* adolescent SBIRT. Open-ended qualitative responses further reinforced the positive perceptions of students who completed the computer simulation.

Facilitation was enhanced by structuring these activities as required elements, embedded in clinical courses in psychiatric-mental health nursing.

Unexpected successes included positive, spontaneous feedback from students in relation to the online computer simulation (*SBI with Adolescents*, Kognito) when compared to other clinical simulation activities. Potential barriers include financial costs associated with providing online computer simulation programs.

Adolescent substance use has been identified as the number one public health problem in the United States, contributing to preventable injury, illness, disability, and premature death. With appropriate education and training, nurses can be uniquely positioned, and qualified, to deliver SBIRT to patients across the lifespan. Integrating SBIRT into the curricula of nursing schools has the capacity to enhance knowledge, skills, and attitudes among nursing students toward prevention, early intervention, treatment, and recovery from substance use and related disorders.

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