

Using Case Studies for Integrating SBIRT into a Nursing Curriculum

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Objectives

By the end of the presentation the learner will:

- Discuss the benefits supporting the use of case studies as a teaching strategy for SBIRT education.
- Explore the use of case studies for a variety of nursing audiences (undergraduate and graduate nursing students) in practice settings.
- Utilize a case study to enhance the application of SBIRT.

Objective #1:

Discuss the benefits supporting the use of case studies as a teaching strategy for SBIRT education.

Benefits of Case Studies in Teaching

Provide opportunities for students to:

- Build on previously learned material to help students more fully understand the content and context
- Develop solutions for a variety of clinical problems
- Build critical thinking and problem-solving abilities and skills
- Enhance understanding of specific problems, diseases, or disorders

Benefits of Case Studies in Teaching

- Specifically related to SBIRT integration: to enhance understanding of substance use disorders across the continuum:
 - *DSM-V*: Substance Use Disorders
 - mild, moderate and severe
 - Allows faculty to be creative in the development of case studies scenarios to highlight differences in above
 - Student-centered model & Problem-based model
 - allows for practice, practice, practice ...

Objective #2:

Explore the use of case studies for a variety of nursing audiences (undergraduate and graduate nursing students) in practice settings.

Use of Case Studies

- Team approach
- Instructor facilitated
 - Questioning
 - Guiding
 - Refocusing on problem resolution
- Depict realistic situations - from simple to complex and situations that may be ambiguous

Use of Standardized Patients (SPs) to Highlight Cases

- SPs are healthy individuals *trained* to portray a real patient, health professional, family member, or other individual for the purpose of education (formative and summative).
- Allows for:
 - Realistic practice and offers continuity of portrayal
 - Feedback from the patient perspective
 - Representation from all walks of life (diversity)
 - Practice for competency development

What is SP Methodology?

- Theories and practices related to:
 - Scenario/Case writing - materials and checklist development
 - Activity Design - metrics, data collection, and logistics
 - Recruiting and selection of SPs
 - Training (SPs and Faculty)
 - Portrayal
 - Feedback
 - Quality control measures

Case Studies and SPs - Methodology

- Can combine modalities:
 - hybrid,
 - inter-professional
 - team training, group training
 - large group demonstrations
- Highly effective when the learning objectives relate to interpersonal, rapport building, communication or counselling skills

Plan Inception to Conclusion

- Learning objectives
- Creating the cases / trialing scenario
- Checklists / scripts
- Training the SPs
- Detailed outcomes to assist with debriefing
- Iterative Development
 - Quality improvement / revisions as necessary

Principles of Debriefing

- Make it safe
- Make it stick
- Make it last

Competency Rating

Pre-op Patient Interview Scenario						
Indicate how much you agree with the following statements about the scenario, each starting with the phrase "The team..."						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Observed
1. SBIRT Competence						
a) Appeared comfortable raising the question of drug and alcohol use with the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Used appropriate screening question(s) given the clinical setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Gave the patient feedback which was an accurate reflection of their screen results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Attempted to enhance motivation to change by relating use to the patient's presenting medical issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. IPCP Competence						
a) Communicated well with other professionals, using respectful language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Exhibited a shared concern for patient well-being, using each team member's unique perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Was respectful of each other's roles, placing the interests of the patient first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Members were all active participants in the (screening, brief intervention, referral) process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objective #3:

Utilize a case study to enhance the application of SBIRT.

Case Study Builds on Requisite Knowledge

- Screening Tools and Screening Process
- Motivational Interviewing and Tools to Promote Change
- Brief Intervention
- Referral to Treatment

Begin by Setting the Stage

- Terminology
 - At-Risk Alcohol Use
 - Binge Alcohol Use
- Alcohol Use Limits
 - Indications for No Safe Use of Alcohol
 - Gender and Age-based Limits
 - Daily/Per Occasion Limits
 - Weekly Limits

Learner Knowledge Check for the Older Adult Case Study

“At risk” alcohol consumption for adults over 65 is:

- A. Over 3 standard drinks consumed within a 2-hour period
- B. Over 3 standard drinks in a single day
- C. Over 7 standard drinks in a week
- D. Over 4 standard drinks daily and over 6 standard drinks weekly

Learner Feedback

To determine risk, it is vital to assess

- the amount of alcohol consumed in a single day over a short period of time (A),
- within a single day (B),
- as well as the amount of alcohol consumed on a weekly basis (C).

Importantly, the health of the older adult must also be considered.

Learner Feedback

Healthy adults over 65 are at risk:

- If they exceed the daily limit by consuming over 3 drinks in single day (whether over the course of the day or within a short period of time)
- If they exceed the weekly limit by consuming over 7 drinks in a week
- If they exceed both the daily and weekly limit

Provide Information Related to the Population

- Epidemiology
- Risk Factors

Probing Questions

- What additional information would be of value as you interact with older adults around screening and brief intervention?
- What are additional risk factors that older adults may experience?
- In what health care settings do you expect to see these older adults?
- Where would you search for this type of information?

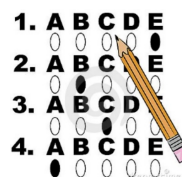
Present the Case



Helen Brown

- 75-year-old Caucasian woman
- Hypertension and diabetes
- Husband died a year ago
- Moved to retirement village to be closer to daughter
- Continuing life-long habit of daily cocktail
- Long-standing sleep problem is worsening; taking OTC medication
- Recent episodes of falls with injury

Learner Knowledge Check



Information about the measures used for alcohol screening would have been provided prior to engaging in the case study.

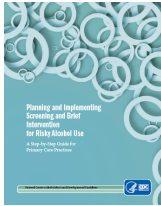
Which questions would be appropriate to screen for at-risk alcohol use for this older adult? (Choose all that apply).

- Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- Do you ever use alcohol/drugs while you are by yourself, alone?
- How often do you have a drink containing alcohol?
- How many drinks containing alcohol do you have on a typical day you are drinking?
- How often do you have 4 or more drinks on one occasion?
- Have you ever felt like you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt guilty about your drinking?
- Have you ever had a drink on waking to steady your nerves or get rid of a hangover?

Learner Feedback

- For an older adult, the AUDIT 1-3 (US) screening would be most appropriate considering the age group. This tool covers how often the patient drinks and how much they drink.
- The AUDIT 1-3 (US) would be appropriate for measuring weekly consumption and occasions of excessive alcohol use. The 10-item AUDIT (US) would be appropriate for measuring alcohol consumption, alcohol-related harm, and a potential alcohol use disorder.
- The incorrect options are drawn from CRAFFT, which is only suitable for adolescents, and CAGE, which is used to screen for a possible alcohol use disorder.

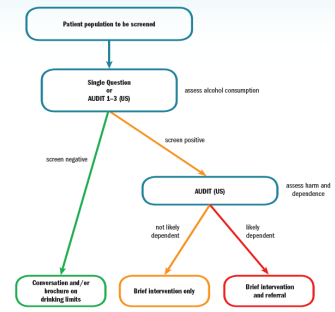
Review the Framework



Centers for Disease Control and Prevention. (2014). *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.

Alcohol SBI Patient Flow

(CDC, 2014, p. 13)



Model of a Brief Intervention

- Orient the Patient
 - Feedback
 - Listen for Change Talk
 - Options - Explore
- } FLO

Orient the Patient

Learner Knowledge Check

Before starting the FLO process, what would be the best steps to orient the patient?

- A. Identify yourself and explain your role
- B. Get permission to talk with the patient for a few minutes
- C. Explain the purpose of the discussion
- D. Share the AUDIT score with the patient

Learner Feedback

- There are three key steps to orient the patient in the FLO process.
 - identifying yourself and explaining your role,
 - getting permission to talk with the patient for a few minutes, and
 - explaining the purpose of the discussion.
- This initial phase is to gain consent to speak with and begin to establish rapport with the patient. It is not yet time to discuss your concerns or their AUDIT score.

Feedback

Learner Knowledge Check

Helen's AUDIT 1-3 (US) is a 6, and the cutoff score for a positive screening is a 7. What is the next step? **(Choose all that apply).**

- A. Share the results with the patient
- B. Elicit the patient's reaction
- C. Share your concerns about her drinking
- D. Know her thoughts about changing her behavior
- E. Know her readiness to change behavior

Learner Feedback

The first stage of the FLO process is feedback. We follow the acronym RANGE to ensure we are sharing good and complete feedback with the patient.

Learner Feedback

- Range: AUDIT 1-3 (US) scores can range from 0 to 18.
- AUDIT has been given to thousands of patients in medical settings, so you can compare your score with theirs.
- Normal AUDIT scores are 0 to 7. A total score of 7 or higher on the AUDIT 1-3 (US) is positive for women and men over age 65. About half of the U.S. population doesn't drink.
- Give patients their AUDIT score: "Your score of ___ means you are (at risk or high risk), putting you in danger of health problems."
- Elicit the patient's reaction. "What do you make of that?"

Listen for Change Talk



Listen for Change Talk: Goals

- What examples of Helen's pro-change talk did you see, such as her concerns, recognition of any problems, downsides of alcohol use?
- What summaries did the nurse provide?
- Did the nurse connect alcohol use with any of her health and safety concerns?

Listen for Change Talk: Methods

- Did the nurse probe Helen's interest in change?
- Did the nurse assess readiness, importance, confidence?

Probing Questions

- What is the rationale for asking the patient why she did not pick a lower number?
- What is the rationale for following up with what it would take to raise the number?

Options

Options

Did the nurse discuss any options with Helen? If so, provide examples.

- Giving advice
- Developing a plan
- Using MENUS

Close on Good Terms: SEW

How did the nurse "SEW" up the conversation?

- Summarize the patient's statements in favor of change.
- Emphasize the patient's strengths.
- What agreement was reached?

Did the nurse thank Helen for speaking with her?

Questions

