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Innovation in Education

Poster Title

An Innovative Approach to teaching SBIRT (Screening, Brief Intervention, Referral to Treatment) to Medical Students: Using Flipped Classroom and Online Teaching Modules

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Abstract

Objectives:

Alcohol and other drug use cause significant morbidity and mortality. Screening and brief intervention works to decrease at-risk patterns of alcohol and other drug use. However, medical professionals often miss opportunities to detect patients with at-risk use, or initiate referral to treatment when more serious patterns of use emerge.

Background:

Few medical schools require a stand-alone course to develop knowledge and skills relevant to Screening, Brief Intervention and Referral to Treatment (SBIRT) for alcohol and other drug use. [1] SBIRT is effective at reducing at-risk alcohol use in general medical settings and these techniques may be adapted to other clinical scenarios.[2] SBIRT training employing diverse educational methodologies, as well as customization to different specialties may enhance SBIRT practices. We have previously trained residents in Internal Medicine, Pediatrics, Psychiatry, Emergency Medicine and Obstetrics and Gynecology at Yale University School of Medicine. [3, 4]

Methods:

The purpose of this interdisciplinary training implementation project is to provide SBIRT training to Yale Medical and Nursing Students and Southern CT State University Social Work and Counseling Students. For the medical students on their Ambulatory Care Clerkship, we have piloted two different training methods: one using a flipped classroom approach, which is a pedagogical model in which the typical lecture and homework elements of a course are reversed, and the other using primarily online training modules specifically designed to enhance skill development. [6] Students in both training models are encouraged to consult web based resources (www.yale.edu/sbirt). Pre and post survey data is being collected exploring student’s knowledge and skills and comfort levels with SBIRT. We are also collecting data regarding student satisfaction with regard to the training and 30-day, self-reported SBIRTs performed in the clinical setting.

Results:

33 medical students have been trained to date 20 were trained using the primarily online training modules and 13 were trained via the flipped classroom approach. Pre and post survey, student satisfaction, and 30-day follow up data are being collected. Thus far, the average satisfaction score (with 1= very satisfied and 5= very dissatisfied) is 1.98, while the average usefulness score (with 1= very useful and 5= being less useful) is 1.87.

Conclusions:

Incorporation of SBIRT training to medical students via either a flipped classroom approach or a primarily online training module is feasible and practical.

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References

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