

**Title:**

Using Simulation to Teach SBIRT in Undergraduate Nursing

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**References:**

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**Abstract Summary:**

The purpose of this presentation is to describe the process used by one school of nursing to teach SBIRT to undergraduate nursing students using realistic simulation scenarios. Participants will be provided with ideas that could be incorporated into their own nursing education practice.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the significance of teaching screening and brief intervention for alcohol use to undergraduate nursing students.	Describe the population that is at risk for alcohol misuse and the purpose of SBIRT in undergraduate nursing curriculums.
Discuss potential simulation scenarios where the use of screening and brief intervention would be appropriate.	Discuss simulations utilized at one college of nursing and potential simulations offered at participant universities.

**Abstract Text:**

**BACKGROUND/PURPOSE:** According to the World Health Organization (WHO, 2014), 3.3 million deaths every year world-wide are due to the “harmful use of alcohol.” In response, the WHO has strengthened its’ initiatives and activities to achieve a 10% reduction in the “harmful use of alcohol” by 2025 (WHO, 2014). One strategy that could potentially reduce at-risk alcohol use among patients is the use of the evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT). Registered nurses in all settings are in a pivotal position to implement and utilize this approach; however, education of nursing students in the SBIRT approach is lacking. Currently, SBIRT and identification of at-risk alcohol use are not consistently included in undergraduate education and students are not provided with opportunities to practice how to discuss alcohol use behaviors with patients.

Simulation has been documented as an effective teaching strategy (Hayden et al., 2014) which raises the question of utilizing this method as a mechanism for delivery of SBIRT education in undergraduate education. Medical education has demonstrated the benefits of simulation as part of SBIRT education (Neufeld, et al, 2012; and Satterfield, et al, 2012). However, a current look at the literature identifies few studies on the implementation of SBIRT into healthcare education curriculums. Finnell (2012) calls for nurse-led SBIRT, identifies a gap with current practicing registered nurses, and encourages nursing programs to incorporate SBIRT as part of the curriculum. Broyles et al. (2013) and Puskar et al. (2013) utilized the classroom setting, simulation, and the clinical setting to teach SBIRT competency. Case studies were used as the format for the simulation component. Tanner et al. (2012) utilized an interactive web-based educational platform to teach SBIRT to nursing and medical students. While these examples utilized creative approaches to teaching SBIRT, none of these studies implemented an unfolding simulation with hands on physical and psychosocial assessments. The purpose of this presentation is to describe the process used by one school of nursing that used high-fidelity simulation with standardized patients as a teaching/learning strategy to teach SBIRT in undergraduate nursing.

**DESCRIPTION OF SIMULATIONS:** Using two pre-existing simulations that were initially intended to address other health issues, faculty members modified the scenarios to allow for practical incorporation of SBIRT. By utilizing pre-established scenarios, faculty members were able to incorporate the appropriateness of using SBIRT in “real-life” patients who seek care for problem other than alcohol use. First, using a junior-level mood simulation, a post-partum mother is experiencing depression and stress and is evaluated using motivational interviewing. Through the interview, the nursing student identifies that the mother is utilizing alcohol to cope with multiple life stressors (new baby, husband readmitted for schizophrenic relapse two weeks prior and about to be discharged, and recent death of grandparent). Students completed the three-question pre-screen for alcohol use as part of their assessment. The screening questions have been incorporated into the electronic health record (EHR) to mimic screening procedures in the clinical setting.

In the second senior-level simulation, a patient presents with chest pain and the students are prompted to perform the 3-question pre-screen for alcohol (also part of the EHR). Incorporating SBIRT into multiple simulations helps with learning repetition and allows students to recognize the applicability of the screening in multiple settings with a wide variety of patient populations.

**SIGNIFICANCE TO NURSING:** Undergraduate students will be equipped to utilize motivational interviewing to provide screening and brief intervention to patients in a variety of settings who are seeking care for a variety of medical issues. The presenters will provide ideas for incorporating SBIRT into realistic simulation scenarios.

**CONCLUSIONS:** In nursing education, conversations have largely been about individuals with alcohol addiction; however, only 4% of the population suffers from a “true” addiction problem (Centers for Disease Control and Prevention, CDC, 2014). As a result, many missed opportunities have occurred with the larger at-risk population that uses alcohol in ways that increase their own health risks or increase risks of harm to others. Through exposure to SBIRT and screening for alcohol misuse in real-life scenarios, undergraduate nursing students are being educated to have conversations with patients in a variety of settings who are seeking care for a variety of other medical problems. Students gain awareness that

alcohol misuse, or risky alcohol use, occurs in approximately 25% of the population versus the very limited population that suffers from true alcohol addiction (CDC, 2014).