TRAINING MATERIALS FOR ADDICTION MEDICINE (ADM) FELLOWS
UNIVERSITY AT BUFFALO (UB)

- Curriculum used at UB to train fellows in Screening Brief Intervention and Referral to Treatment (SBIRT)
- Training Specifically developed for use with the SBIRT Milestone
American Board of Medical Specialties (ABMS): “Physicians keep their certification active by maintaining the following competencies which form the foundation of the ABMS Programs for Maintenance of Certification (ABMS MOC®). The ABMS Program for MOC activities are the ways which physicians demonstrate their ability to provide high-quality care for the diagnosis and treatment of disease, promotion of health and prevention of disease, and the physical and emotional support of patients and families. The competencies were first adopted in 1999 by the Accreditation Council for Graduate Medical Education (ACGME) and ABMS.”

6 ACGME and ABMS Core Competencies:

1. **Patient Care and Procedural Skills (PC):** Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.
2. **Medical Knowledge (MK):** Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
3. **Practice-based Learning and Improvement (PBLI):** Show an ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the practice of medicine.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
5. **Professionalism (PRO):** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
6. **Systems-based Practice (SBP):** Demonstrate awareness of and responsibility to the larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

Additional Sub-Competencies:

- Professionalism, ethics, and personal values (Stony Brook School of Medicine)
Addition Medicine Milestones

Adopted from the Family Medicine Milestone Project (2013), the Milestones are designed only for use in evaluation of resident physicians in the context of their participation in the ACGME accredited residency or fellowship programs. Milestones are skill and knowledge-based developments that commonly occur by a specific time; specifically, behaviors, attributes, or outcomes in the six general competency domains to be demonstrated by physicians in training (ACGME).

Family Medicine Milestones (ACGME and ABMS)

<table>
<thead>
<tr>
<th>Has not achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Expected Addiction Medicine Competency**

- This fellow does not recognize or understand the importance of SBIRT.
- Fellow is not able to interact effectively with patients and their families.
- This fellow understands the basics of SBIRT and recognizes the importance of the health care team relationships for quality care delivery.
- This fellow communicates effectively with patients and their families during the course of SBIRT.
- This fellow performs basic SBIRT activities and creates a non-judgmental safe environment to actively engage patients in SBIRT.
- This fellow maintains the appropriate documentation of SBIRT activities in the medical record.
- This fellow is highly skilled with SBIRT and Motivational Interviewing techniques.
- This fellow continuously connects and communicates with community addiction treatment resources that are able to accept patient treatment referrals.
- This fellow facilitates or leads team-based SBIRT activities.
- This fellow actively participates in SBIRT-focused meetings or educational sessions not directly related to patient care.
- This fellow facilitates or leads SBIRT training and quality improvement activities within the system or organization.

**Additional Notes**

“Level 4” is designed as the graduation target but does not represent a graduation requirement. “Level 5” is an aspirational goal. Making decisions about readiness for graduation is the purview of the fellowship program director.
University at Buffalo Addiction Medicine Fellowship Program 2015-2016
Quarter I

GOAL

Achieve Milestone Level 2

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>This fellow understands the basics of SBIRT and recognizes the</td>
<td>This fellow performs basic SBIRT activities and creates a non-judgmental</td>
</tr>
<tr>
<td>importance of the health care team relationships for quality care</td>
<td>safe environment to actively engage patients in SBIRT.</td>
</tr>
<tr>
<td>delivery.</td>
<td>This fellow maintains the appropriate documentation of SBIRT activities</td>
</tr>
<tr>
<td>This fellow communicates effectively with patients and their families</td>
<td>in the medical record.</td>
</tr>
<tr>
<td>during the course of SBIRT.</td>
<td></td>
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</tbody>
</table>

OBJECTIVES:

Fellow will be able to:

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK</td>
<td>Describe SBIRT</td>
</tr>
<tr>
<td>MK</td>
<td>Describe importance of (adolescent) SBIRT</td>
</tr>
<tr>
<td>MK</td>
<td>Describe risk factors of substance use disorders (SUDs) - Epidemiology</td>
</tr>
<tr>
<td>MK</td>
<td>Describe natural history of SUDs – Etiology</td>
</tr>
<tr>
<td>MK</td>
<td>Describe neurobiology of SUDs</td>
</tr>
<tr>
<td>SBP</td>
<td>Describe screening for SUDs</td>
</tr>
<tr>
<td>MK</td>
<td>Describe basics of Motivational Interviewing (MI)</td>
</tr>
<tr>
<td>ICS</td>
<td>Deliver basic MI</td>
</tr>
<tr>
<td>PBLI</td>
<td>Describe interactive classroom and leading teaching techniques</td>
</tr>
<tr>
<td>PBLI</td>
<td>Develop slide deck presentation on SBIRT</td>
</tr>
<tr>
<td>PBLI</td>
<td>Deliver didactic presentation on SBIRT</td>
</tr>
<tr>
<td>PC</td>
<td>Deliver basic SBIRT to patients</td>
</tr>
<tr>
<td>SBP</td>
<td>Describe basics of SBIRT billing and reimbursement</td>
</tr>
</tbody>
</table>

I. SELF-DIRECTED LEARNING:

1. Describe SBIRT

ONDCCP/SAMHSA Fact Sheet: SBIRT
A Pocket Guide for Alcohol Screening and Brief Intervention for Youth (NIAAA)

2. Describe importance of (adolescent) SBIRT

Adolescent Substance Use: America’s # 1 Public Health Problem (CASAColumbia)

3. Describe prevalence and risk factors of substance use disorders (SUDs) - Epidemiology

Epidemiology of Substance Use Disorders (Merikangas & McClair, 2012)
4. Describe natural history of SUDs – Etiology
   *Etiology and Natural History of Alcoholism (NIAAA)*

5. Describe neurobiology of SUDs
   *Neurobiology of Adolescent Substance Use Disorders: Implications for Prevention and Treatment (Rutheford, Mayes, and Potenza, 2010)*

6. Describe screening for SUDs
   *Chart of Evidence-Based Screening Tools for Adults or Adolescents (NIDA)*

7. Describe basics of Motivational Interviewing (MI)
   *Brief Intervention Overview and the Process of Change (University of Maryland)*

8. Screening (S)
   1. *Screening for Alcohol Use and Alcohol Related Problems (NIAAA)*
   2. *Screening for Drug Use in General Medical Settings (NIDA)*

9. Brief Intervention (BI)
   1. *FRAMES Model; TIP 34, Chapter 2 (SAMHSA/CSAT)*

10. Referral to Treatment (RT)
    1. *Referral to Treatment (SAMHSA-HRSA)*

11. Describe basics of SBIRT billing and reimbursement
    *Coding for Screening and Brief Intervention Reimbursement (SAMHSA)*

II. PERFORMANCE PRACTICE:

12. Deliver MI
    1. *Brief Intervention Overview and the Process of Change (University of Maryland)*
    2. *SBIRT Training Videos (University of Maryland)*
    3. Practice with faculty (e.g., role-play, observation)

13. Deliver basic SBIRT to patients
    1. Rotations
    *Brief Intervention Steps (University of Maryland)*

III. TEACHING SKILLS:

14. Describe interactive classroom and leading teaching techniques
    *Teaching Strategies for Active Learning: Six Essentials for Effective Teaching - Shannon Carlin-Menter (The ABAMF NCPTAM)*

15. Develop slide deck presentation on SBIRT

16. Deliver didactic presentation on SBIRT
    *SBIRT Faculty Supervision (University of Maryland)*
RECOMMENDED READING AND RESOURCE LIST:

Identifying and Responding to Substance Use among Adolescents and Young Adults: A Compendium of Resources for Medical Practice (The ABAMF NCPTAM)

Compendium Quick Reference Guide – Andy Danzo (The ABAMF NCPTAM)


Legal and Ethical Issues in Prevention and Treatment of Alcohol Use Disorders (NIAAA)

NAADAC/NCC AP Code of Ethics
ADDICTION MEDICINE (ADM) FELLOWSHIP INSTRUCTOR MANUAL UNIVERSITY AT BUFFALO (UB)

- Curriculum used at UB to train fellows in Screening Brief Intervention and Referral to Treatment (SBIRT)
- Training Specifically developed for use with the SBIRT Milestone
• Overview of Accreditation Council for Graduate Medical Education (ACGME) 6 core competencies
• How to use quarterly SBIRT Milestone Evaluation Form
• How to use Core Competencies Evaluation Form
• How to use quarterly SBIRT Training Event documentation
• Sample fellow evaluation forms
• Training materials for ADM fellow
  o Quarter by quarter plan (some faster, some slower)
  o Goal: Milestone Level 4 by end of ADM Fellowship
  o Options for use:
    1. As is/written
    2. Modify, adopt, and use
    3. Use with your curriculum
    4. Do not use (e.g., create and/or use your own)
Overall Physician Competencies:

American Board of Medical Specialties (ABMS): “Physicians keep their certification active by maintaining the following competencies which form the foundation of the ABMS Programs for Maintenance of Certification (ABMS MOC). The ABMS Program for MOC activities are the ways which physicians demonstrate their ability to provide high-quality care for the diagnosis and treatment of disease, promotion of health and prevention of disease, and the physical and emotional support of patients and families. The competencies were first adopted in 1999 by the Accreditation Council for Graduate Medical Education (ACGME) and ABMS.”

6 ACGME and ABMS Core Competencies:

1. **Patient Care and Procedural Skills (PC):** Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.
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6. **Systems-based Practice (SBP):** Demonstrate awareness of and responsibility to the larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

**Additional Sub-Competencies:**

Patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice (ABMS)
Professionalism, ethics, and personal values (Stony Brook School of Medicine)
EXAMPLE Addiction Medicine Milestones

Adopted from the Family Medicine Milestone Project (2013), the Milestones are designed only for use in evaluation of resident physicians in the context of their participation in the ACGME accredited residency or fellowship programs. Milestones are skill and knowledge-based developments that commonly occur by a specific time; specifically, behaviors, attributes, or outcomes in the six general competency domains to be demonstrated by physicians in training (ACGME).

Family Medicine Milestones (ACGME and ABMS)

<table>
<thead>
<tr>
<th>Check Level</th>
<th>Has not achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected ADDICTION MEDICINE Competency</td>
<td>This fellow does not recognize or understand the importance of SBIRT. Fellow is not able to interact effectively with patients and their families.</td>
<td>This fellow performs basic SBIRT activities and creates a non-judgmental safe environment to actively engage patients in SBIRT. This fellow maintains the appropriate documentation of SBIRT activities in the medical record.</td>
<td>This fellow is highly skilled with SBIRT and Motivational Interviewing techniques. This fellow continuously connects and communicates with community addiction treatment resources that are able to accept patient treatment referrals.</td>
<td>This fellow facilitates or leads team-based SBIRT activities. This fellow actively participates in SBIRT-focused meetings or educational sessions not directly related to patient care.</td>
<td>This fellow seeks leadership opportunities within professional systems and organizations. This fellow facilitates or leads SBIRT training and quality improvement activities within the system or organization.</td>
<td></td>
</tr>
</tbody>
</table>

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s). e.g., in the above example, the fellow has achieved level 2 and possesses some, but not all, competencies of level 3 and/or higher.
Additional Notes

“Level 4” is designed as the graduation target but does not represent a graduation requirement. “Level 5” is an “aspirational goal”. Making decisions about readiness for graduation is the purview of the fellowship program director.
### Quarter I

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meet with fellow to review goals, objectives, processes, and methods of the program (30-60 minutes)</td>
</tr>
<tr>
<td>2.</td>
<td>Administer UB ADM Fellowship content-based pre-test</td>
</tr>
<tr>
<td>3.</td>
<td>Have fellow complete <strong>Self-Directed Learning</strong> as outlined in the Quarter I Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>4.</td>
<td>Have fellow study Motivational Interviewing content as specified under <strong>Performance Practice</strong> in the Quarter I Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>5.</td>
<td>Meet with fellow to practice (e.g., role play) Screening, Brief Intervention, and Referral to Treatment (SBIRT)</td>
</tr>
<tr>
<td>6.</td>
<td>Observe fellow administer SBIRT to patients</td>
</tr>
<tr>
<td>7.</td>
<td>Have fellow complete the content modules in <strong>Teaching Skills</strong></td>
</tr>
<tr>
<td>8.</td>
<td>Have fellow prepare a slide deck presentation on SBIRT</td>
</tr>
<tr>
<td>9.</td>
<td>Review and have fellow practice (i.e., “dress rehearsal”) the SBIRT presentation</td>
</tr>
<tr>
<td>10.</td>
<td>Observe fellow deliver a didactic on SBIRT, i.e., 1-hour lecture with slide deck presentation</td>
</tr>
<tr>
<td>11.</td>
<td>Complete Quarterly evaluation of fellow, submit Milestone to NCFTAM in Buffalo</td>
</tr>
</tbody>
</table>
## Quarter II

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meet with fellow to review goals, objectives, processes, and methods of the program (15-30 minutes)</td>
</tr>
<tr>
<td>2.</td>
<td>Have fellow complete <strong>Self-Directed Learning</strong> as outlined in the Quarter II Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>3.</td>
<td>Have fellow study Motivational Interviewing content as specified under <strong>Performance Practice</strong> in the Quarter II Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>4.</td>
<td>Meet with fellow to practice (e.g., role play) Motivational Interviewing</td>
</tr>
<tr>
<td>5.</td>
<td>Observe fellow administer SBIRT to patients</td>
</tr>
<tr>
<td>6.</td>
<td>Have fellow complete the content modules in <strong>Recommended Reading</strong></td>
</tr>
<tr>
<td>7.</td>
<td>Have fellow modify the previous slide deck presentation on SBIRT so that it includes interactive classroom activity</td>
</tr>
<tr>
<td>8.</td>
<td>Review and have fellow practice (i.e., “dress rehearsal”) the SBIRT presentation</td>
</tr>
<tr>
<td>9.</td>
<td>Observe fellow deliver a didactic on SBIRT, i.e., 1-hour lecture with slide deck presentation</td>
</tr>
<tr>
<td>10.</td>
<td>Complete Quarter II evaluation of fellow, submit Milestone to NCFTAM in Buffalo</td>
</tr>
</tbody>
</table>
### Quarter III

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meet with fellow to review goals, objectives, processes, and methods of the program (15-30 minutes)</td>
</tr>
<tr>
<td>2.</td>
<td>Have fellow complete <strong>Recommended Reading and Resources</strong> as outlined in the Quarter III Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>3.</td>
<td>Administer UB ADM Fellowship content-based post-test</td>
</tr>
<tr>
<td>4.</td>
<td>Have fellow study Motivational Interviewing content as specified under <strong>Performance Practice</strong> in the Quarter III Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>5.</td>
<td>Meet with fellow to practice (e.g., role play) teaching Screening, Brief Intervention, and Referral to Treatment (SBIRT) one-on-one with potential learner</td>
</tr>
<tr>
<td>6.</td>
<td>Observe fellow teach SBIRT to learner(s)</td>
</tr>
<tr>
<td>7.</td>
<td>Have fellow complete the content modules on how to deliver an engaging virtual classroom presentation</td>
</tr>
<tr>
<td>8.</td>
<td>Have fellow prepare an SBIRT role-play exercise</td>
</tr>
<tr>
<td>9.</td>
<td>Review and have fellow practice (i.e., “dress rehearsal”) interactive SBIRT presentation</td>
</tr>
<tr>
<td>10.</td>
<td>Observe fellow deliver an interactive session on SBIRT</td>
</tr>
<tr>
<td>11.</td>
<td>Complete Quarter III evaluation of fellow, submit Milestone to NCFTAM in Buffalo</td>
</tr>
</tbody>
</table>
Quarter IV

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meet with fellow to review goals, objectives, processes, and methods of the program (15-30 minutes)</td>
</tr>
<tr>
<td>2.</td>
<td>Have fellow complete <strong>Recommended Reading and Resources</strong> as outlined in the Quarter IV Fellowship Curriculum Guide</td>
</tr>
<tr>
<td>3.</td>
<td>Meet with fellow to plan a quality improvement (QI) activity for a clinical...</td>
</tr>
<tr>
<td>4.</td>
<td>Mentor fellow as s/he implements QI activity</td>
</tr>
<tr>
<td>5.</td>
<td>Complete Quarter IV evaluation of fellow, submit Milestone to NCFTAM in Buffalo</td>
</tr>
<tr>
<td>6.</td>
<td>Administer UB ADM Fellowship content-based post-test</td>
</tr>
</tbody>
</table>
Miller’s Pyramid of Clinical Competence

1. **Knows**
   - MCQ, Oral Examinations

2. **Knows How**
   - MCQ, Oral Examinations, Standardized Patients

3. **Shows How**
   - Structured Clinical Observation, Simulation, Standardized Patients, Standardized Mini CEX

4. **Does**
   - Workplace Assessment: Clinical Observations, Multi-Source Feedback, Team Assessments, Operative (Procedural) Skill Assessments

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1 Miller, GE. Assessment of Clinical Skills/Competence/Performance. *Academic Medicine* (Supplement) 1990. 65. (S63-S67)


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<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Dr. Blondell</strong> This is the first webinar of the SBIRT Milestone Webinar Series. The way we’ve planned is thus far there are going to be 4 more so 5 total so that today is the “baseline”, and the following 4 correspond roughly to each quarter in a standard 1-year ADM fellowship AND to each SBIRT Milestone level.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Dr. Blondell</strong> Here’s the projected schedule for these particular webinars. Program Directors (required); Faculty (encouraged); Fellows (welcome) Webinars will address evaluation of fellows using the Milestone and use of the new “SBIRT Curriculum Manual” we are introducing as an optional training resource.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Dr. Blondell</strong> There are tons of SBIRT resources out there and so there’s a lot of room for creating your own “curriculum” We’ve come up with a curriculum and are now sharing it with you This curriculum of ours serves to fulfill the competencies and levels for SBIRT and should also help to complete the SBIRT Milestone.</td>
</tr>
</tbody>
</table>

### 2015-2016 SBIRT Milestone Webinar Series
- July 17: Baseline
- August 21: 1st Quarter
- October 19: 2nd Quarter
- February 19: 3rd Quarter
- May 20: Final Evaluation

### Goals of This Webinar
- How to link ADM educational objectives, existing SBIRT resources, and SBIRT Milestone:
- UB ADM Fellowship SBIRT Curriculum
4. SAMHSA alone has over 70 grantees many of whom have created modules, resources, videos, manuals, etc. related to SBIRT; in addition there are NIH, NIAAA, CSAT, and other organizations that provide a slew of info on SBIRT. Resources range from more content-based informational to more practice-oriented and instructional (e.g., implementation manuals).

5. As part of the Hilton Grant we’ve created our own compendium of resources. It focuses on adolescent SBIRT. It includes more general resources and some very specific ones that generally are not included in even more comprehensive resources such as materials for teachers and parents and fiction.

6. Most of you today are familiar with this form and have been filling it out for quite some time. For anyone who doesn’t know or does not remember, this was modeled after the ACGME Milestones which is part of ACGME New Accreditation System’s evaluation process. Most disciplines have their milestones with a number of subcompetencies subsumed under 6 core competencies. Same w/ the SBIRT milestone – levels from 0 to 5 correspond to increase in competency in SBIRT.
6 ACGME and ABMS Core Competencies

- Patient Care and Procedural Skills (PC)
- Medical Knowledge (MK)
- Practice-Based Learning and Improvement (PBLI)
- Interpersonal and Communication Skills (ICS)
- Professionalism (PRO)
- Systems-Based Practice (SBP)

To revisit quickly – here are the 6 core competencies:

1. Patient Care and Procedural Skills (PC): Provide good and effective (health) care.
3. Practice-based Learning and Improvement (PBLI): Investigate and evaluate new info to improve the practice of medicine.
4. Interpersonal and Communication Skills (ICS): Effective information exchange, teamwork and relationships w/ both other professionals and patients and families
5. Professionalism (PRO): Commitment to responsibilities and adherence to ethical principles
6. Systems-based Practice (SBP): Awareness of the larger context and systems of health care

ABAM One-Year Fellowship Curriculum Summary

Dr. Blondell
American Board of Addiction Medicine Foundation (ABAM Foundation) Fellowship Program Requirements for Graduate Medical Education One-year Curriculum Summary: One page

Dr. Blondell
So we have the competencies and an evaluation system – the questions is how exactly to get there. For ADM in general, there are the 400 something objectives specified by ABAM, there is a board exam to be taken AND there are fellowship programs but (NEXT SLIDE)
Dr. Blondell

...the only content resource that comes close to a curriculum is the ABAM book – 2 versions of it; otherwise the programs are on their own.

Dr. Blondell

It’s the same for SBIRT training that has been pushed for not only us here in Buffalo but as mentioned before by SAMHSA and other agencies which in turn has created a plethora of resources but no curriculum; Yet Milestone is used to document progress, but what curriculum to use to progress in acquiring the competencies chronologically is not specified.

Dr. Blondell

Part as a result of the Hilton Grant, part due to our own efforts at program development here in Buffalo; here are some more specific suggestions for SBIRT training.

SBIRT Training

- No prescribed curriculum
- Use existing resources PRN
- Milestone used to document progress and acquisition of competencies

Suggestions

- Fellow starts, e.g., July
- Meet with fellow
- Review goals and objectives
- Administer pre-test, evaluation, assess otherwise
- Complete SBIRT Milestone, i.e., Baseline
- Arrange to get the fellow to next level (Quarters 1-last)
**13.**

Dr. Blondell

Prepare - read

See one – videos, physicians

Do one – SBIRT in clinic

Teach one – medical students, residents

**14.**

Mo

Here’s what our fellow’s schedule looks like. This new and different from last year – there is a month of orientation to help the fellow acclimate to the program rather than being thrown into an inpatient unit on day one w/ no time for orienting to scholarly activities (esp. if the fellow is a next gen fellow).

Also, as fellow advances through rotations and other experiences, SBIRT-related activities and competencies advance

**15.**

Mo

SBIRT Training “Curriculum” that specifies step by step, quarter by quarter, level by level what content needs to be covered;

It is a document with hyperlinks and references to be perused in a preferred order
16. Mo

The fellow opens up this document and it specifies his/her first curricular goal: get from level 1 to level 2, e.g., from understanding what SBIRT is to performing a number of SBIRT-related activities.

<table>
<thead>
<tr>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>This fellow understands the basics of SBIRT and recognizes the importance of the health care team relationships for quality care delivery.</td>
</tr>
<tr>
<td>This fellow communicates effectively with patients and their families during the course of SBIRT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>This fellow performs basic SBIRT activities and creates a non-judgmental/safe environment to actively engage patients in SBIRT.</td>
</tr>
<tr>
<td>This fellow maintains the appropriate documentation of SBIRT activities in the medical record.</td>
</tr>
</tbody>
</table>

17. Mo

Next, some of the specific objectives are specified; and notice that the content is aligned with a specific core competency as well. Naturally, as this is for a beginner, there is a lot more emphasis on medical knowledge.

Compency | Task |
--- | --- |
MK | Describe SBIRT |
MK | Describe importance of adolescent SBIRT |
MK | Describe risk factors of substance use disorders (SUDs) - Epidemiology |
MK | Describe natural history of SUDs - Etiology |
MK | Describe neurobiology of SUDs |
SSP | Describe screening for SUDs |
MK | Describe basics of Motivational Interviewing (MI) |
ICS | Deliver basic MI |
PBI | Describe interactive classroom and leading teaching/techniques |
PBI | Develop slide presentation on SBIRT |
PBI | Deliver didactic presentation on SBIRT |
PC | Deliver basic SBIRT to patients |
SSP | Describe basics of SBIRT billing and reimbursement |

18. Dr. Blondell

A page from the accompanying instructor’s manual which delineates for the instructor how to train the fellow on SBIRT.

<table>
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<td>9.</td>
<td>Review and have fellow practice (i.e., &quot;rehearse&quot;) the SBIRT presentation</td>
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<td>10.</td>
<td>Observe fellow deliver a didactic on SBIRT, i.e., 1-hour lecture with slide deck presentation</td>
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<td>11.</td>
<td>Complete Quarterly evaluation of fellow, submit Milestone to NCFTRM in Buffalo</td>
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</table>
19. **Mo (Sarah)**

One of the first things that the fellow does is take the curriculum content pre-test. The test is created based on strictly the content that makes up the curriculum; more specifically – in the answer key version, the link to the resource from which the question was pulled from is given with a short explanation per correct answer.

---

20. **Mo (Sarah)**

An overview of what went into this curriculum and specifically the First Quarter content. There is one example of each core competency and the SBIRT-related material to go with it. So these are the “top links” for content and just EXAMPLES for each core competency content for SBIRT:

- **NIAAA Pocket Guide** – as good a starting point as any other if you don’t know anything about SBIRT.

---

21. **Mo (Sarah)**

University of Maryland SBIRT website appears a popular one – our fellows have indicated that the videos posted there were especially useful. 3 cases are presented, ranging from hypertension, to sprained ankle in ER to teen alcohol use and in each case a resident is performing SBIRT followed by 2 videos of supervision on the case.
### Interpersonal and Communication Skills

- **Brief Intervention (BI)**
  - FRAMES Model: TIP 34, Chapter 2 [SAMHSA/CCSFI]
  - **FRAMES**:
    - Feedback is given to the individual about personal risk or impairment.
    - Responsibility for change is placed on the participant.
    - Advice to change is given by the provider.
    - Menu of alternative self-help or treatment options is offered to the participant.
    - Empathic style is used in counseling.
    - Self-efficacy or optimistic empowerment is engendered in the participant.
  - Source: Miller and Borchelt, 1985

### Professionalism

**NAADAC/NCADD Code of Ethics**

1. The Counseling Relationship
2. Evaluation, Assessment and Interpretation of Client Data
3. Confidentiality/Privileged Communication and Privacy
4. Professional Responsibility
5. Working in a Culturally Diverse World
6. Workplace Standards
7. Supervision and Consultation
8. Resolving Ethical Issues
9. Communication and Published Works
10. Policy and Political Involvement

### Practice-Based Learning and Improvement

- Teaching Strategies for Active Learning: Six Essentials for Effective Teaching - Shannon Carlin-McCarter (The ABAMF NCPTSM)
- Develop slide deck presentation on SBIRT
- *7 Pearls for Engaging Slide Design – Erin O’Byrne (The ABAMF NCPTSM)*
- Deliver didactic presentation on SBIRT
- *SBIRT Faculty Supervision (University of Maryland)*

---

**Mo (& Sarah)**

Interpersonal and communication skills: obviously something that is very important in motivating a patient for behavioral change (NOT just SBIRT). One of the approaches to BI is the FRAMES model which outlines research-based critical elements or active ingredients to behavior change:

- Feedback
- Responsibility
- Advice
- Menu
- Empathy
- Self-efficacy

**Mo (& Sarah)**

Professionalism - The Association for Addiction Professionals’ Code of Ethics was written to govern the conduct of its members and it is the accepted standard of conduct for addiction counselors; these principles are universal as they are driven by the underlying concern for others’/patients’ well-being

**Mo (& Sarah)**

Practice-Based Learning and Improvement: this includes more scholarly activity, e.g., research but also teaching and how to be an effective teacher and how to best disseminate information. Some of this was presented at the last retreat. It also includes quality assurance and improvement in practice Maryland link: supervising students (using BI skills etc.) and consulting other professionals
### Systems-Based Practice

- Referral to Treatment (RT)
- Referral to Treatment (SAMHSA-FPSSA)
- Resources
- Sample Warm-Hands Off Scripts and Procedures
- SAMHSA Treatment Locater is a searchable directory of drug and alcohol treatment programs by location.

#### Mo (& Sarah)

- Awareness of the larger picture of healthcare and how different systems and services are interrelated.
- Referral process as a part of SBIRT and as part of systems-based practice.
- Need to be linked to other CD Service Providers and other health-care professionals.
- Hand-offs: not only for systems-based practice but also for effectiveness of SBIRT in general.

Another example here would be an implementation manual for integrating SBIRT into a practice (e.g., CHCB project in Buffalo).

### The Lifelong Learning Process

#### Dr. Blondell

- The lifelong learning process
SBIRT Curricular Resources - Baseline

University at Buffalo Addiction Medicine Fellowship
2015 - 2016 SBIRT Milestone Webinar Series

- July 17: Baseline
- August 21: 1st Quarter
- October 16: 2nd Quarter
- February 19: 3rd Quarter
- May 20: Final Evaluation
Goals of This Webinar

• How to link ADM educational objectives, existing SBIRT resources, and SBIRT Milestone:
  • UB ADM Fellowship SBIRT Curriculum
Training Resources Out There

• Since 2003, SAMHSA has funded over 70 grantees including Medical Residency Programs
  • Albany Medical Center
  • Baylor College of Medicine
  • Connecticut SBIRT
  • Florida SBIRT program
  • New York SBIRT
  • Oregon SBIRT program
  • University of Maryland Medical Residency Training Program
  • Yale University SBIRT program
  • + NIAAA, NIDA, CSAT, etc., and…
Conrad N. Hilton Foundation: The ABAMF Compendium

Identifying and Responding to Substance Use among Adolescents and Young Adults: A Compendium of Resources for Medical Practice

THE ABAM FOUNDATION
NATIONAL CENTER FOR PHYSICIAN TRAINING IN ADDICTION MEDICINE

DRAFT 1-28-15: NOT FOR DISTRIBUTION OR CITATION
# SBIRT Competency Evaluation - Milestone

## SBIRT Linked Milestone

**ADM Program Name:**

**Fellow's Name:**

**Program Director/Faculty completing this worksheet:**

Please check which milestone this covers:

- [ ] Baseline
- [ ] Quarter 1
- [ ] Quarter 2
- [ ] Quarter 3
- [ ] Quarter 4
- Date Milestone was Completed: __________

**Directions:**

Check the box below the Level at which the fellow has attained competence. If the fellow has also made some progress within the next level, check the box between the two levels.

### Milestone:

**Employs interpersonal and communication for the delivery of Screening, Brief Intervention and Referral to Treatment (SBIRT)**

<table>
<thead>
<tr>
<th>Has not achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

This fellow understands the basics of SBIRT and recognizes the importance of the health care team relationships for quality care delivery. This fellow communicates effectively with patients and their families during the course of SBIRT.

**Examples of Related Process Measures**

- The fellow will have received basic skill training in SBIRT, will understand the importance of prevention and early identification for the treatment of the addictive disorders, and will understand why the adolescents population is an important target.

- The fellow will perform and document proficiency with at least ten (10) SBIRT screening procedures on actual patients in an outpatient office, inpatient hospital bed or emergency department setting.

- The fellow will have received advanced skill training in SBIRT and will be able to perform brief therapy sessions based on the principles of motivational interviewing. The fellow will deliver an interactive SBIRT presentation to group of adolescents who provide care to adolescents and young adults.

- The fellow will train at least ten (10) physicians and/or other healthcare professionals in SBIRT so that they will understand the importance of prevention and early identification for treatment of the addictive disorders.

- The fellow will interact with local or national organizations of health care education or health care delivery to effect system changes that promote SBIRT for adolescent (e.g., Healthcare system, legal system, State regulators, Mass media, etc.)
6 ACGME and ABMS Core Competencies

• Patient Care and Procedural Skills (PC)
• Medical Knowledge (MK)
• Practice-Based Learning and Improvement (PBLI)
• Interpersonal and Communication Skills (ICS)
• Professionalism (PRO)
• Systems-Based Practice (SBP)
ABAM One-Year Fellowship Curriculum Summary

Clinical Rotations

- Electives (480 hours or 3 months) 25%
- Outpatient ADM (480 hours or 3 months) 25%
- Inpatient ADM (320 hours or 2 months) 17%
- Program-specific ADM Core (480 hours or 3 months) 25%
- General Med/Surg ADM or “consults” (160 hours or 1 month) 8%

Plus:

- Continuity Clinic (one ½ day per week)
- Teaching Conferences (once a week)
- Scholarly Activities (e.g., research)
• Addiction Medicine Training as a Whole – NO PRESCRIBED CURRICULUM
• Summary & Objectives
• ABAM book and Exam
• Fellowship Program
SBIRT Training

- No prescribed curriculum
- Use existing resources PRN
- Milestone used to document progress and acquisition of competencies
Suggestions

• Fellow starts, e.g., July
• Meet with fellow
• Review goals and objectives
• Administer pre-test, evaluation, assess otherwise
• Complete SBIRT Milestone, i.e., Baseline
• Arrange to get the fellow to next level (Quarters 1-last)
How To Get To The Next Level?

<table>
<thead>
<tr>
<th>Materials/Activities</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readings (e.g., book chapters, articles)</td>
<td>Preparation</td>
</tr>
<tr>
<td>Videos</td>
<td>See one</td>
</tr>
<tr>
<td>Role plays</td>
<td>Do one</td>
</tr>
<tr>
<td>Classroom, dissemination of knowledge</td>
<td>Teach one</td>
</tr>
<tr>
<td>MODULE</td>
<td>1</td>
</tr>
<tr>
<td>--------</td>
<td>---</td>
</tr>
<tr>
<td>ROTATION</td>
<td>Orientation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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- **SBIRT Competency**: Observing and assisting with classroom, work with medical students
- Independent teaching (e.g., pediatric residents)
- Working to help community health center incorporate SBIRT and teach physicians and staff
TRAINING MATERIALS FOR ADDICTION MEDICINE (ADM) FELLOWS
UNIVERSITY AT BUFFALO (UB)

- Curriculum used at UB to train fellows in Screening Brief Intervention and Referral to Treatment (SBIRT)
- Training Specifically developed for use with the SBIRT Milestone
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
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<tbody>
<tr>
<td>• This fellow understands the basics of SBIRT and recognizes the</td>
<td>• This fellow performs basic SBIRT activities and creates a non-judgmental safe</td>
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<tr>
<td>importance of the health care team relationships for quality care</td>
<td>environment to actively engage patients in SBIRT.</td>
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<tr>
<td>delivery.</td>
<td>• This fellow maintains the appropriate documentation of SBIRT activities in the medical</td>
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<td>• This fellow communicates effectively with patients and their families</td>
<td>record.</td>
</tr>
<tr>
<td>during the course of SBIRT.</td>
<td></td>
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<tr>
<td>COMPETENCY</td>
<td>TASK</td>
</tr>
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<td>------------</td>
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</tr>
<tr>
<td>MK</td>
<td>Describe SBIRT</td>
</tr>
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## Methods: Instructor’s Manual

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Curriculum Content Pre-Test

1. According to NIAAA, which one of the following constitutes a “standard drink” in the United States?

(A) 12 fluid ounces of regular beer
(B) 12 fluid ounces of malt liquor
(C) 8 fluid ounces of table wine
(D) 3 ounces of 80-proof vodka or whiskey
Medical Knowledge

• Describe SBIRT

• A Pocket Guide for Alcohol Screening and Brief Intervention for Youth (NIAAA)
Patient Care and Procedural Skills

- Deliver MI
- SBIRT Training Videos (University of Maryland)
Interpersonal and Communication Skills

• Brief Intervention (BI)
  • FRAMES Model; TIP 34, Chapter 2 (SAMHSA/CSAT)

• FRAMES
  • Feedback is given to the individual about personal risk or impairment.
  • Responsibility for change is placed on the participant.
  • Advice to change is given by the provider.
  • Menu of alternative self-help or treatment options is offered to the participant.
  • Empathic style is used in counseling.
  • Self-efficacy or optimistic empowerment is engendered in the participant.
    • Source: Miller and Sanchez, 1993
NAADAC/NCC AP Code of Ethics

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V. Working in a Culturally Diverse World
VI. Workplace Standards
VII. Supervision and Consultation
VIII. Resolving Ethical Issues
IX. Communication and Published Works
X. Policy and Political Involvement
Practice-Based Learning and Improvement

Describe interactive classroom and leading teaching techniques

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- 7 Pearls for Engaging Slide Design – Erin O’Byrne (The ABAMF NCPTAM)

Deliver didactic presentation on SBIRT

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Systems-Based Practice

- Referral to Treatment (RT)
  - Referral to Treatment (SAMHSA-HRSA)

- Resources
  - Sample Warm Hands-Off Scripts and Procedures
  - **SAMHSA Treatment Locator** is a searchable directory of drug and alcohol treatment programs by location.

[Image of SAMHSA Treatment Locator website]
The Lifelong Learning Process

PART I: LICENSURE & PROFESSIONALISM
A) Diplomates must possess a valid, full and unrestricted medical license in the USA, its territories, or Canada
B) If a physician holds one or more additional licenses, each must be valid, full and unrestricted
C) ABAM verifies licensure on an annual basis

PART II: LIFELONG LEARNING & SELF-ASSESSMENT
A) Diplomates must complete 9 credits of Self-Assessment from a pool of ABAM-selected articles to the practice of addiction medicine
B) A score of 75% or higher must be attained on the self-assessment test. For it to be counted and receive 1 CME credit; 2 retakes are available.
C) Completing more articles after the required number is met can result in 1 CME credit per article to be applied to the 26 CME credits described below
D) 26 AAMAPRA Category 1 credits must be completed in addiction medicine every year, in which a minimum of 9 CME credits must come from ABAM-approved activities

PART III: COGNITIVE EXPERTISE
A) In year 8, 9, or 10 of the MOC cycle, Diplomates must pass the cognitive examination. This examination is conveniently administered at over 400 prometric testing centers

PART IV: PRACTICE PERFORMANCE ASSESSMENT
A) This is in development and has not yet launched. Diplomates will participate in a range of ABAM-approved performance improvement projects designed to assess and improve the quality of patient care

4-Part MOC Process