

# Simulation Training in Substance Use Disorders (SUDs) in Patients and Colleagues

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# Simulation Use

- Military
- Air Industry
- Communication

# Simulation Defined

- McGaghie (1999) defines simulation as,
  - "a person, device or set of conditions which attempts to present [education and] evaluation problems authentically".
  - Cues and consequences
  - Complex situations
  - Never exactly comparable to real-life

# Simulation Use

- ~ 30 years
- Tools
- Preparing for initial clinical experience
- Scenarios increase in complexity as time & experience in the anesthesia program increases.

# SBIRT-InGAS Project

- Objective
- S = Screening
- BI = Brief Intervention
- RT = Referral to Treatment
- InGAS = Interprofessional Groups of Anesthesia Students

# Screening

- Can take many forms
- Tailorable
- Babor & Kadden (2005):
  - Does the person have a disease/problems
  - Risk factors
  - Screening helps to sort

# Pre-Screening

- Usually used in primary care
- Meant to discern risky behavior
- E.g.: Alcohol Use Detection Identification Test-Consumption (AUDIT-C):
  - How often have you had a drink containing alcohol?
  - How many drinks containing alcohol do you have on a typical day when you are drinking?
  - How often do you have 6 or more drinks on one occasion?

# Brief Intervention (BI)

- Per SAMHSA:
  - Goal of BI
- Motivational approach
- Discuss positives & negatives
- BIs are not a treatment
- Four basic components
  - Six basic elements (per Miller)



# Brief Intervention (BI) cont'd

- Motivational Interviewing
  - Style of communication
  - Assumes potential for change
- Two phases:
  - IDs motives for change
  - Helps person to overcome ambivalence
- Approach from an “I want to help perspective”

# Referral to Treatment (RT)

- Complex process
- When is referral recommended
- Influence of motivational based BIs on treatment

# Uses of SBIRT

- Primary care
- In-patient settings
- SBIRT-InGAS: first time the process was looked at re: use with colleagues
  - Avoid negative demeanor
  - Again, stress that you want to help

# SBIRT History

- First used for alcohol problems
- Mass Gen 1957 (Chavetz)
- $n = 200$
- Interview based
- Retention rate
- Expanded to other issues

# SBIRT-InGAS

- Addresses educational gap
  - SUDs in patients
  - SUDs in colleagues
- Cutting edge:
  - First time SBIRT has ever been taught to anesthesia students
  - First time it has been taught as a mechanism for possibly dealing with colleagues with an SUD.

# SUDs – 11 Criteria (DSM-V)

- 1. Using the substance for longer...greater amounts
- 2. Wanting to cut down/stop...
- 3. Spending a lot of time with substance related issues
- 4. Cravings and urges
- 5. Not managing to do what you should...
- 6. Continuing to use the substance, even though...
- 7. Giving up important activities
- 8. Using substances again & again
- 9. Continuing to use even though you know you have a problem
- 10. Needing more of the substance
- 11. Withdrawal symptoms

# Rates of Alcohol and Drug Abuse (SAMHSA)

- Alcohol: 2.0-14.3%
  - (depends on age group studied)
- Illicit drug dependence or abuse: 0.1%-7.8%
- In alcohol and drug abuse: 18-25 y.o. have highest rates
- Prescription drug abuse: 4.7-25%

# AANA Data

- ~ 9.8-16.8% of all anesthesia professionals have an SUD.
- CRNAs: males > females, usually having 6-10 years of experience.
- Remember...



# SBIRT-InGAS Training

- Didactic
- Simulation
  
- Didactic phase:
  - Explain process
  - Why it is pertinent to them

# SBIRT-InGAS Training cont'd

- Didactic training (cont'd):
  - Substance issues:
    - Continuum of use
    - Addiction defined
    - Symptoms of chemical dependency
    - Terms:
      - Substance abuse
      - Substance misuse
        - → SUDs
    - Screening tools

# SBIRT-InGAS Training cont'd

- Brief Intervention:
  - FRAMES model
  - Role Play example
- Impaired Provider
- Interprofessional Collaborative Practice
  - Goals of IPC

# SBIRT-InGAS Training cont'd

- Simulation training:
  - Two scenarios
    - Impaired colleague
    - Patient with risky behavior
  - Played out by students
  - Debriefing by 2 faculty
- Post-training comments

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