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)
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
www.AANAPeerAssistance.com

Anesthetists in Recovery (AIR):

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