

**December 13, 2016 | 3:00 pm ET / 2:00 pm CT / 1:00 pm PT**

Technical Assistance is provided for 30 minutes following the session (optional)

**Adobe Connect:** <http://norc.adobeconnect.com/adolescent-sbirt-lc/>

**Conference Call Info:** 712-432-0360 | **Passcode:** 426443

**Email:** [SBIRTeam@norc.org](mailto:SBIRTeam@norc.org)

**Website:** [sbirt.webs.com](http://sbirt.webs.com)

**NORC SBIRT PROJECT TEAM:**

Tracy McPherson, Project Director	<a href="mailto:Mcpherson-Tracy@norc.org">Mcpherson-Tracy@norc.org</a>
Sabrina Bauroth, Program Manager	<a href="mailto:Bauroth-Sabrina@norc.org">Bauroth-Sabrina@norc.org</a>
Sarah King, Project Support	<a href="mailto:King-Sarah@norc.org">King-Sarah@norc.org</a>
Anna Schlissel, Project Support	<a href="mailto:Schissel-Anna@norc.org">Schissel-Anna@norc.org</a>
Hildie Cohen, Project Support	<a href="mailto:Cohen-Hildie@norc.org">Cohen-Hildie@norc.org</a>

**Attendance:**

Theresa Pham	Stephen Strobbe	Andrea Bediako
Charles Syms	Pam Lusk	Terry Chase
Consuelo Bingham Mira	Carrie Rishel	June Glover
Sharon Chalmers	Ken Winters	Stella Resko
Denise Seigart	Gwenelle O'Neal	Sarah Gainey
Anne Derouin	Paul Seale	Rosana Sielaff

**1. Welcome! – Tracy**

- Please mute your personal phone, DO NOT PUT YOUR LINE ON HOLD 😊
- Sign in procedure
  - o If you are using the call in line ONLY and not using adobe connect, please email [SBIRTEAM@norc.org](mailto:SBIRTEAM@norc.org) confirming your attendance
- Adobe Connect sign in procedure
  - o Type your name and institution in the chat box
- Multiple members – same room
  - o If you are joining this meeting with multiple members from the same office, please type the names of all attendees present into the chat box.
- New Calendar Invites
- Poll Question: Profession

## 2. Shared Learning Sessions – Sign up to be a presenter – Sarah

- Poll Question: Learn and share topics
- <http://doodle.com/poll/y5u88i295w5m3eqx>
- As we go into year 3 the different tracks A, B and C, have had the opportunity to begin implementation. We would like 1-3 different members to present a share and learn session (10-15 minutes per person) on each learning collaborative call.
- Updates within the group will be kept to a minimum, as we want to shift focus to the learn and share sessions.
- We want all Track B and Track C members to present, as well as all LC members.
- Let us know if there are things you want to hear about during the share and learn sessions.
  - o Student Stories:
    - Do you have student feedback you want to share?
      - How has the curriculum/ simulation impacted their learning?
      - How does this compare to other models and learning they are experiencing
    - If you have students interested in writing a short blog post on their simulation experience? We would love to share their experience through our social media platforms.
    - Students can send their blog submissions to: [SBIRTEAM@norc.org](mailto:SBIRTEAM@norc.org)

## 3. Learn and Share

- Introduction - Tracy
- Sharon Chalmers, PhD, CNE, APRN, FNP-BC, University of North Georgia – Nursing
  - o Professor

### NOTES:

Over the last three years nursing faculty at the University of North Georgia have been reviewing addiction and SBIRT curriculum through a SAMHSA grant. They have been able to look at curriculum and identify where substance use content is located in their curriculum and in other schools curriculum across the state.

The current curriculum at University of North Georgia is a two year program. It has a rural primary care focus on special populations (presentation slides outline the program content progression). Substance use content is located in the mental health sections. However, the students only receive this content once. In order to improve the student skills, they need to receive content refreshers across the curriculum.

The faculty members identified mental health focused courses and content that they were comfortable integrating the SBIRT curriculum into. Faculty that had a mental health background were the most comfortable taking this on. In order to increase faculty buy-in and comfort with the content they hosted a lunch and learn series that examined why SBIRT is important, motivational interviewing skills, and the epidemiology of substance use in their region/ local area. This introduced the faculty to the learning modules, modeled teaching and learning strategies using the curriculum, and made the modules available

through our learning management system. This type of in person training and online access to materials created a space for faculty to see how they could integrate the curriculum into their course and ultimately resulted in increased comfort and confidence teaching it.

The content integration plan is laid out on slide 5. During the fall of year 2 they students take the Kognito simulation. This is included in the child bearing/ family course. They have received great student feedback regarding the Kognito simulation. The students appreciate having time to go through the modules and go back to refresh their memory as needed. During spring semester of year 2 the students complete a SBIRT competency evaluation. They complete online and face to face training. All assignments are posted through the learning management system, however there is always face to face time for questions and role plays. All assignments are required.

The face to face time consists of a question and answer period with the students. Followed by role plays, utilizing the MI check list. Students then evaluate what was the best and worst part of the module.

#### Questions and answer period:

- **QUESTION:** does the simulation make the students more comfortable going into a role play
  - o **RESPONSE:** when we first started we didn't have access to the simulation so students did the role play without prior simulation training. With Kognito training prior they are more comfortable, especially with the negotiation part
  - o I would really like to see the faculty take the simulation and then review their comfort level with the skills and how that translates to teaching it
  - o Simulation with standardized patients is great but the online simulation allows the student to revisit what they did and then come forward with a new skill
  - o **COMMENT:** the simulations on line provides a safe environment that has less exposure and risk in front of peers
  - o **COMMENT:** Students at another university also appreciated the simulation online vs. in person role play
  - o **RESPONSE:** one of the things that we looked at when putting the module together was experience with Kognito adult simulation. It would be interesting to see what ordering works best
  - o **COMMENT:** students who had done Kognito prior to role plays were much more confident
  - o **RESPONSE:** I think that would be true. There is a different skill learned in the role play that they may not get with the online simulation. So it may be a combination that is best
  
- Terry Chase MA, ND, RN, Colorado Mesa University – Nursing
  - o Assistant Professor

#### **NOTES:**

They have a community group come in and talk to students about substance use and addiction disorders. The group is very engaging and well received by the students. They introduce SBIRT the

following week. They begin with an intro of the basic concepts and tools as well as briefly discuss motivational interviewing.

Following this, students take approximately 15-20 minutes to make case study stories (see slides for story examples). They then work in trios and participate in role plays with the scenarios they created. They take 8 minutes for role play and 2 minutes for feedback, rotating 3 times so each student plays each role. Students initially found the 2 page assessment daunting, but as they role plays commenced found them easy to complete. The student then complete the simulation at home to reinforce the skill set.

**Chat box anonymous comments (from both presentations):**

- The simulations on line also provide a "safe environment" that has less exposure and risk in front of peers
- My students appreciated the simulation online vs the role play
- Our students do the simulation first, and then practice with Standardized pts, this works well, next they will have the opportunity to practice in the field
- I did have a student tell me she used the tools with an adolescent at a clinical site...she felt much more confident and informed after both the class role plays and the simulation.
- Our students requested chance to role play and told us that would have strengthened our teaching.
- We did role playing first, then the simulation. ...I like to stress to students that role playing with peers helps them 1) understand how patients may actual feel and 2) develop trust among the cohort of learners. They are both valuable!
- Students need to be 'warmed-up' to role playing - find some introductory exercises to prepare them before you jump right into a role-play.
- Has anyone had the students do the simulations multiple times? I met with a student today commenting that she redid the Kognito 3 times until she got a 95%
- I feel the simulations are very realistic
- My students who worked in ED's etc, found the adolescents very realistic
- Our students feel working with standardized patients is fairly realistic, they are not peers, we bring in outside students
- In addition to the knowledge about SBIRT, students have the opportunity to enhance and practice their communication skills
- My students are graduate students and requested to repeat next semester for reinforcement to this semester.

#### 4. Track B – Sarah

- Track B Description
- Poll Question: Tell us about your experience with the simulation program.
- Quarter 4 calls / Reports due December 30<sup>th</sup>
- Quarter 3 Data:
  - o Participating Schools: 13
  - o Kognito Usage
    - Q3 enrollment: 301
    - Q3 completion 274
    - Cumulative enrollment: 1565
    - Cumulative completion: 1344
  - o Student level reach
    - Total number of students trained to date: 3943
    - Includes both in person training and simulation
  - o Educator level reach
    - Total number of educators/ instructors trained to date: 489
  - o Community reach:
    - Q3 number of organizations where students were placed: 61
    - Trained Practitioners working in Preceptorship Sites: 25
    - Total trained Practitioners working in Preceptorship Site: 150
    - Trained Practitioners working in Field Placement Sites: 490
    - Total practitioners working in Field Placement Sites: 775
- Kognito simulation NEW enrollment key
  - o CEU credits
  - o New simulation flyer

#### 5. Track C RFA: Instructor's Toolkit and Simulation Program Implementation - Hildie

- Track C has launched! Schools are participating in the pre-test evaluation before allowing students exposure to the curriculum.
- We are collecting evaluation data on various schools implementation process.
  - o Encouraging a pre and post-test evaluation measure, to occur prior to and after the simulation and curriculum are implemented.
  - o Pre-posttest sample measures available upon request:  
<https://adolescentsbirt.typeform.com/to/ZFqAob>
  - o REMINDER –if you are administering the survey, if you do the pre-test please do so prior to simulation use and curriculum exposure

**6. Track C - Announcing additional requests for applications to receive free access to simulation and curriculum through September 2017 – Hildie**

- Click [Here](#) for more information
- The second Track C RFA is open to everyone and deadline extended
- NEW! Online Application available – [Click HERE](#)

**7. Adolescent SBIRT Curriculum: <http://sbirt.webs.com/curriculum> - Tracy**

- Available Now - Learner's Guide to Adolescent SBIRT v2.0!
  - o Version 2.0 will includes updates such as:
    - New sample interactions between a practitioner and adolescent in diversified settings (e.g., juvenile justice, community mental health)
    - New screening tools such as the DAST-10 and the NIDA Modified ASSIST Level 1 and 2
    - New Brief Interaction Observation Sheet (BIOS) for Kognito's SBI with Adolescents Simulation Programs (posted to the web [Here](#))
  - o Learner's Guide Version 1.1 Supplement
- Latest curriculum resources [Here](#) and materials [Here](#).
- Learner's Guide v1.1 is still available in electronic and hardcopy versions.
  - o Electronic versions of Learner's Guide and slide decks are available free of charge. Access the order form [Here](#).
- Learning Collaborative members may receive one hardcopy for just the cost of shipping. Additional copies may be purchased at approximately \$30 for a color version plus shipping. Order your copy using the new fillable order form located [Here](#).

**8. SBI with Adolescents - Cyrille Adam ([cyrille@kognito.com](mailto:cyrille@kognito.com)) - Tracy**

- Offering of CEs
  - o NASW – ANCC credits
- View more information on simulation licensing [here](#).
  - o Access to the simulation, usage reports, and CEs for \$35 person
- Conversations for Health:
  - o A new website designed to help improve physician – patient communication, address the overuse of antibiotics, and develop parenting skills
  - o Visit [conversationsforhealth.com](http://conversationsforhealth.com)

**9. New Resource and Materials Document - Sarah**

- Updated monthly
- Accessible on our website [Click HERE](#)

**10. NEW Resources – Tracy**

- ["Can We Talk?"](#)
  - o Video shows how SBIRT is working and can be used by grantees to promote SBIRT
- [Adolescent SBIRT Implementation Checklist](#)

### 11. NEW Read and Share – Tracy

- [Facing Addiction in America, The Surgeon General's Report on Alcohol, Drugs, and Health](#)

### 12. Social Media - Sarah

- Follow us on Twitter! @NORCSBIRT
- Like our Facebook Page!
  - o <https://www.facebook.com/NORCSBIRT/>
- Share with your students!

### 13. Upcoming Webinars – Sarah

- [12/8/2016 – Pediatricians Explain Why SBIRT is Essential to Adolescent Health](#)
- [12/13/2016 – Integrating Adolescent SBIRT Throughout Social Work and Nursing Education](#)
- [1/19/17 - Strategies for Incorporating Universal Education about Healthy Relationships into Clinical Practice to Reduce Substance Use and Intimate Partner Violence](#)
- [3/2/17 - WINGS: An Evidence-based SBIRT Intervention for Addressing Partner Violence Among Young Women Who Use Drugs or Alcohol](#)
- [5/4/17 - SBIRT in Various Settings: Differences & Common Threads](#)

### 14. Upcoming Conferences – Mark Your Calendar! Let's Have Coffee!

- Contact the SBIRTeam to set up an in person meeting at one of the upcoming conferences listed below.
  - o AACN Masters Education Conference: February 23-25, 2017 in Atlanta, GA.  
<http://www.aacn.nche.edu/conferences> - **Visit our Exhibit!**



### 15. Upcoming Learning Collaborative Calls: - Tracy

- **Next Call: January 10, 2017 at 3:00 pm ET**
  - o Adobe Connect: <http://norc.adobeconnect.com/adolescent-sbirt-lc/>
  - o Dial: 712-432-0360 Code 426443
  - o Technical assistance calls are held after LC call each month for a half hour.
  - o Learn and Share presenters: Bonnie Franckowiak, Jo Dee Gottlieb, Ann Derouin
- **February 14, 2017 at 3:00 pm ET**
  - o Learn and Share presenter: Denise Seigart, Ian Holloway