



MEETING ABSTRACT

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Screening, brief intervention, and referral to treatment for alcohol and other drug use among adolescents: evaluation of a pediatric residency curriculum

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Alcohol and other drug use and misuse are increasing in pediatric populations. As part of a US Substance Abuse and Mental Health Services Administration resident training grant, we sought to demonstrate the feasibility and effectiveness of initiating screening, brief intervention, and referral to treatment (SBIRT) in a pediatric residency program. We evaluated the efficacy of a training program for all second- and third-year pediatric and/or medicine/pediatric residents in an adolescent medicine rotation located in an urban teaching hospital. Main outcome measures were pre-/post-training knowledge scores, performance of the Brief Negotiated Interview (BNI) as measured by the BNI adherence scale in pre-/post-training standardized patient encounters (SPE), training satisfaction, and tracking of BNI performance. Thirty-four residents were trained (30 in pediatrics and four in medicine/pediatric programs). The mean age of participants was 28 years (range, 25-35 years); 26 (76%) were women. Fifty percent reported 0-5 hours of didactic training in medical school and residency. Thirty-five percent reported that they never had formal or informal teaching regarding alcohol and drug problems in their residency. There was a significant improvement in knowledge scores pre-/post-training (20.5 versus 23.4, $p < 0.001$) and a significant improvement in BNI adherence scores during SPE (3.1 versus 8.4, $p < 0.001$). Residents were very satisfied with their training, reporting a score of 1.6 on a scale of one to five (one = very satisfied,

five = very dissatisfied). Integrating an SBIRT curriculum into a pediatric residency program is feasible and effective in increasing residents' knowledge and skills in performing screening and brief interventions among adolescents and young adults.

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