



ONLINE SBIRT TRAINING: CURRENT BEST PRACTICE AND FUTURE DIRECTIONS FOCUSING ON DEVELOPING SKILLS VIA CLINICAL CHALLENGE CASES AND ESTABLISHING CLINIC-WIDE PROTOCOLS.

Abstract: Online SBIRT Training offers scalability, consistency, broad reach, and a cost-effective solution. It can and should be interactive, challenging, and under some user control. The specific training modules utilized should adapt to the needs of the provider organization and chosen based on organization and provider perceived need. Done right it can assess impact on a variety of outcomes and ensure mastery of essential clinical skills and impact competency and performance outcomes. If the online SBIRT training initiative is tied and coordinated with standard QA efforts effect on patient outcomes can be measured as well.

In a typical online training experience, cases-based learning, case examples and didactic content work together to form a complete learning experience. Case-based learning presents a case scenario and follows up with questions to assess choices and decision making and provide feedback. Case-examples delivered via video, audio or text-based discussion provide exemplary “best practice.” Didactic content delivered via text, slides, voice or video fills in the rest.

Protocols or clinical care flowcharts establish clinic-wide processes such as initial assessment (potentially requested by clinic admin staff), deployment of screening tools, and expected practice based on assessment and screening findings. By ensuring consistency and following best practice clinics can deliver a higher quality cost-efficient SBIRT experience. Clinics and clinicians currently establish protocols or standards of practice by following another example or inferring them from the training they receive. Online training can assist by modeling such protocols and demonstrating the benefit of a consistent approach.



The future of online SBIRT Training holds promise for a richer experience that is more effective at 1) imparting clinical skills and 2) helping the clinic to establish a set of protocols tailored to their patient population.

Cases experiences and examples can instead be delivered by an immersive Diagnosis and Treatment Clinical Challenge Case Experience (DxTx Challenge). These mirror both the patient assessment and intervention experience and the EHR-focused efforts that run in parallel. Thus the updated online SBIRT training models real clinical world’s challenges and instills change and skills that meet real world needs.

Future online training can reformulate the “protocol” aspects of training. More advanced online tools can guide the user in testing different protocols with mock DxTx Challenge cases and assist the learner in establishing protocols to be delivered to all patients [e.g., screening] or to specific subsets of patients [e.g., current tobacco users]. The rest of the curriculum can then focus on patient-specific clinical skills required of providers to address specific individual needs.