During our 2009 MS4 Clinical Competency Assessment, a case containing at-risk alcohol use as a component of the complaint was introduced to determine students’ ability to assess a patient’s use. Data revealed that students were inconsistent in assessing problematic drinking. Additionally, students who did assess alcohol intake spent little time in counseling afterward.

In August of 2009 a pilot Alcohol Workshop was implemented in our Family Medicine (FM) Clerkship for teaching knowledge and skill in identifying and effectively addressing problematic alcohol use while also determining student deficiencies.

With a strong foundation of Standardized Patient use in tobacco cessation during our Ambulatory Clerkship, we placed a similar alcohol workshop at the start of each FM clerkship rotation. It is preceded by a didactic on the relevance of addiction counseling in the primary care setting by a family physician and specialist in chemical dependency.

Groups of 3 students interview 4 SP cases, each representing one of the stages of change as defined by the Transtheoretical Model of Change (pre–contemplation, contemplation, planning, action, maintenance). Students take turns in the roles of interviewer, observer, and moderator.

Their task is to use the 5 A’s model of counseling (Ask, Assess, Advise, Assist, Arrange) while applying the following skills:
- Appropriately apply a risk-assessment tool.
- Distinguish hazardous drinking from dependence and abuse.
- Provide normative data about alcohol consumption.
- Assess a patient’s readiness for change.
- Relate alcohol consumption to the patient’s expressed complaint.
- Recognize important co-morbid factors.
- Develop an appropriate basic follow-up plan including behavior-change goals.

After each interview students receive SP feedback regarding these skills based on checklist items specific to each case.

Quantitative analysis is underway and preliminary results indicate a positive outcome. Post-event evaluations reveal that:
- Students appreciate the relevance of the topic.
- Students value the immediate feedback provided.
- Placing the workshop at the end of a long orientation creates limitations.

**RESULTS**

**METHOD**

**BACKGROUND**

**PURPOSE**

**CONCLUSIONS**

**FUTURE DIRECTIONS**

Modifications have been planned for July 2010 and include the following:

- Modification of the didactic to further emphasize awareness of “at risk” drinking, patient counseling.
- A more detailed “Presenting Scenario” containing specific student tasks per case.
- The student review of a completed WHO ASSIST V3 Feedback Report Card prior to interview. This will allow more time for practicing the delivery of information and counseling.

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1. Wilson, JF. Alcohol use. Annals of Internal Medicine, 2009.150:ITC3