Teaching Alcohol Intervention During Family Medicine Clerkship

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BACKGROUND

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.[1] 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.

PURPOSE

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.

METHOD

Groups of 3 students interview 4 SP cases, each representing one of the stages of change as defined by the **Transtheoretical Model of Change**[2] (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:

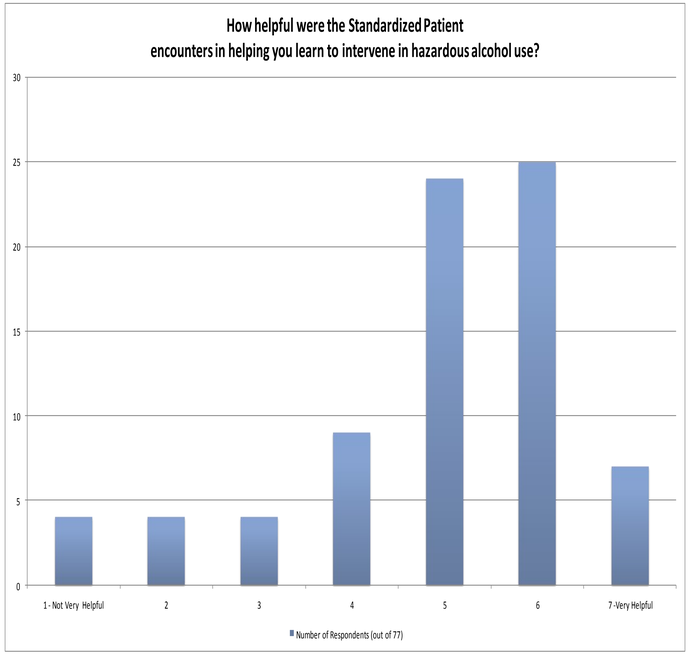
- Appropriately apply a risk-assessment tool.
- Distinguish hazardous drinking from dependence and abuse.
- Provide normative data about alcohol consumption.
- Assess a patient's readiness for change.
- Relate alcohol consumption to the patient's expressed complaint.
- Recognize important co-morbid factors.
- 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.

RESULTS

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.



CONCLUSIONS

- The cases are relevant and fully functional.
- Students report that the activity is useful.
- Faculty report that the activity meets intended learning objectives.

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[3] 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:ITC3-1
2. Gordon AJ, Saitz R. J Clin Outcomes Manage. 2004; 11:444-460.
3. World Health Organization http://www.who.int/substance_abuse/activities/assist/en/index.html