

New tool measures emergency department interventions to reduce patient drinking

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(Medical Xpress)—Researchers at Yale School of Medicine have developed and validated a new tool, the first of its kind, to measure how well emergency department physicians administer a brief intervention

aimed at curtailing harmful drinking by patients.

The tool is a simple checklist that can assess whether physicians have been properly trained to implement such an intervention to give it the best chance of working. The study appears online in the [Journal of Substance Abuse Treatment](#).

Earlier this year, the Yale team published a study that demonstrated the efficacy of brief intervention, also known as the Brief Negotiation Interview (BNI), in emergency and acute care settings. However, the researchers realized that adherence to best practices could vary widely, and that measuring and monitoring performance by [medical practitioners](#) in conducting these seven-minute interviews could help identify and address issues of training and supervision.

In order to document whether emergency department practitioners were adhering to alcohol intervention best practices, the Yale team developed and tested a simple eight-item checklist known as the BNI Adherence Scale (BAS). Questions included whether the physician had asked patients what connection they see between drinking and the emergency department visit, and discussed the benefits of reducing alcohol use and why the patients might be more motivated now to drink less.

The team then evaluated the answers. The results demonstrated that the BAS is a reliable measure of how well [emergency department](#) physicians are adhering to best practices in brief alcohol intervention.

According to lead author, Michael Pantalon, research scientist in the department of [emergency medicine](#) at Yale School of Medicine, "This study provides a critical first step toward developing an array of sound measures of how well physicians are adhering to the best practices of brief intervention in a variety of [medical settings](#). It also indicates that emergency departments can, in fact, learn to perform a brief

intervention around alcohol use in an effective manner."

Pantalon explains that the Yale assessment tool is also easy to use and can speed up learning process for emergency room staff. "They can be trained in five hours to identify the best techniques, significantly less time than the 40 hours or more reported by developers of other rating scales. That's very important because the adoption of brief [intervention](#) in EDs broadly is dependent on brief assessment of physician skills."

Senior author Dr. Gail D'Onofrio, chair of the Department of Emergency Medicine, adds, "We believe that the BAS will provide an objective measure for feedback during the teaching of brief interventions to emergency practitioners, and for evaluation of their skills in real-world practice, both of which improve the health of our patients."

More information: Pantalon, M.V., et al., Development of a scale to measure practitioner adherence to a brief intervention in the emergency department, *Journal of Substance Abuse Treatment* (2012), [dx.doi.org/10.1016/j.jsat.2012.08.011](https://doi.org/10.1016/j.jsat.2012.08.011)

Provided by Yale University

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