

# An Examination of Potential Knowledge Gaps in Emergency Department Providers Regarding SBIRT, Stigma, and Emergent Drugs

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## Introduction

- ❖ According to multiple studies, there are clear knowledge gaps among ED personnel regarding patient with SUD
- ❖ Knowledge gaps can be addressed only when they are identified. This is the main goal of this research project.

## Methods

- ❖ Possible knowledge gaps were examined via an anonymous survey
  - ❖ Survey participants included ED Doctors, Physician Assistants, Nurses, and Support Staff of the ED
  - ❖ Survey distributed during February 2023 via department heads to four Baltimore area Medstar hospitals
  - ❖ Of 300 surveys distributed, 60 were completed, for a 20% response rate
  - ❖ Survey used 1-5 Likert scale of Strongly Disagree (1) to Strongly Agree (5). There was one open-ended question that few answered so was left out of analysis, save for the quote in this poster
- ❖ Surveys were quantitatively analyzed, producing a mean response score for each question. Any knowledge assessment question with a mean score below 4 indicated a gap that should be addressed with knowledge building activities.

“Learning about knowledge gaps and how to fill them is paramount in providing the very best in patient care”

- MedStar Doctor, Research Participant

## Discussion

Lack of knowledge can adversely affect patient treatment, quality of service, and outcomes. This study indicates and supports the hypothesis that there is room for improvement in the three areas studied: increased understanding of the role of SBIRT, reducing stigma associated with SUD and MAT, and a knowledgeable response to emergent drugs. Results of this study demonstrate that more education and training is needed in these areas to improve patient treatment and experiences.

## Conclusion

- ❖ Identifying and addressing knowledge gaps in ED Staff is paramount in providing the best patient experience possible
- ❖ More education and training is needed in emergent drugs and emergent drug treatment; the differences in the roles of various departments serving the patients; and the effective use of MAT in the treatment of SUD
- ❖ Next steps are to develop educational programs to address these critical issues and fill in existing knowledge gaps

## Results

- ❖ Examination of results showed that while there were some questions that the participants were extremely familiar with, there were others that show a knowledge gap in ED staff
- ❖ Strong areas of knowledge included:
  - ❖ I understand the role and purpose of SBIRT (M= 4.58)
  - ❖ The SBIRT intervention contributes to the overall health and well-being of patients. (M= 4.81)
  - ❖ I am knowledgeable about the various types of substances a patient may use. (m=4.39)
  - ❖ I know how to treat patients for the variety of substances they may use. (M=4.09)
  - ❖ I believe in the disease model of addiction (i.e. addiction is a brain disease. (M=4.18)
- ❖ Areas of knowledge gaps included:
  - ❖ I understand the difference in the duties of Social Workers, Case Managers, Community Health, and Peer Recovery Coaches. (M=3.95)
  - ❖ I know about the rise of new addictive substances (Iso, Xylazine, Benzodope). (M=2.95)
  - ❖ I know how to treat an overdose of these new addictive substances. (M=2.77)
  - ❖ MAT is a good investment for society. (M=3.58)

