

AN INFORMATIONAL RESOURCE TO ENHANCE NURSING CARE FOR PATIENTS
WITH PROBLEMATIC ALCOHOL USE

By

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Abstract

Nurses often feel uncomfortable, unprepared, and unsure of how to proceed when they must assess patients hospitalized for alcohol-related problems in order to be able to discuss alcohol consumption and improve health outcomes. Due to lack of education and training combined with societal attitudes, nurses may not have the requisite skills and knowledge to practice alcohol screening and brief intervention in hospital settings. Alcohol screening and brief interventions have been proven to be successful in different practice settings when they are implemented. The goal of this project is to develop an informational resource for nurses to encourage critical reflection and a holistic approach when caring for patients hospitalized for alcohol-related problems and their families or support persons. This informational resource can be used in hospital care units to assist nurses to overcome obstacles and barriers they face in caring for these patients. The intent of the informational resource is to improve nurses' knowledge and skills in alcohol screening and brief interventions, to give nurses a greater understanding of the physical, social, psychological, and physiological effects of alcohol dependency. Also, the informational resource can improve nurses' comfort and confidence level in approaching patients and families in order to have open and often difficult discussions about alcohol use and dependency. The theoretical perspective utilized to guide the process of developing the informational resource is Newman's Theory of Health as Expanding Consciousness. Drawing on Newman's theory and my knowledge of advanced nursing practice, I was able to create an informational resource based on nursing knowledge, theory, research, and clinical experiences. The informational resource can contribute to nurses' comfort and confidence level in approaching patients and families in order to have open and often difficult discussions about alcohol use and dependency. Finally, the informational resource can increase

nurses' awareness of the resources available in their community to assist people with problematic alcohol use.

Keywords: alcohol, nurses, informational resource, screening and brief intervention

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An Informational Resource to Enhance Nursing Care for Patients with Problematic Alcohol Use

In 2012, 78.4% of Canadians had consumed alcohol in the past year (CADUMS, 2012).

For the most part, people drink alcohol to accompany a good meal, to celebrate a special occasion or in other social contexts. Unfortunately, some people are not able to control their use of alcohol and suffer the harsh effects of problematic alcohol use and dependency.

According to the World Health Organization, over consumption of alcohol is a leading risk factor of disability and disease in high-income countries like Canada, second only to tobacco (CAMH, 2012). Serious alcohol dependency can cause liver disease, gastroenterological disorders, pancreatitis, heart disease, malnutrition, diabetes, anemia, and increased risk of infections. Alcohol consumption can also contribute to injuries or deaths caused by falls, accidents, violence, and suicide (Garbutt, 2008). According to the Centre for Addiction and Mental Health (CAMH, 2013), 6700 Canadians die each year due to alcohol-related diseases or accidents. In the CADUMS report mentioned above, Health Canada (2012) noted that 4 to 5 million Canadians suffer from physical, psychological, and social problems related to high-risk drinking. According to the Centre Québécois de lutte aux dépendances (CQLD), it was estimated that in 2002, 195,970 people in Canada were hospitalized because of an alcohol-related primary diagnosis, and 25,867 of these hospitalizations were for alcohol-related problems. Alcohol costs the Canadian economy \$14.6 billion in indirect health care and social costs each year.

Jurgen et al. (1996) explain that “decades of research have demonstrated that measures of total intake consistently predict a range of physical, emotional, and social consequences” (p. 1616). The harms from alcohol consumption are classified as acute, chronic and social harms (Garbutt, 2008, p. 229). Acute harms are related to accidents, death, suicide, and violence.

Chronic harms are related to health issues that emerge from long term alcohol misuse. Social harms are related to a person's behaviour, employment, and difficulties with relationships, such as those within the family and community. Alcohol often underlies social problems such as unemployment, poverty, divorce, crime, imprisonment, and child abuse.

To reduce alcohol related harms, the Canadian Centre on Substance Abuse (CCSA, 2012) has developed Canada's Low-Risk Alcohol Drinking Guideline (LRDG) which recommends no more than two drinks a day, ten per week for women, and three drinks a day, fifteen per week for men, with an extra drink allowed on special occasions. Pregnant women or women who are breastfeeding should abstain from drinking alcohol. A standard alcohol beverage is considered to be 341 ml (12 oz.) of beer, 341 ml (12 oz.) of cider/cooler, 142 ml (5 oz.) of wine with 12% alcohol content, and 43 ml (1.5 oz.) of distilled alcohol with 40% alcohol content. These guidelines were developed in order to promote a culture of moderation and to support healthy lifestyles in the population. If Canadians drinkers were to follow the proposed guidelines, alcohol-related deaths could be reduced to approximately 4,600 per year. (CCSA, 2013)

Problems with alcohol consumption may take the form of binge drinking, excessive drinking, or alcohol dependency (see Appendix A for a definition of terms used in this paper). Whatever form alcohol use takes, it affects family members as well as the individual with the problem. My interest is in the nursing care of people who are hospitalized and experiencing diagnosed and non-diagnosed alcohol-related problems or the consequences of dependency, as well as the care of their family members or support persons.

Nurses can play a crucial part in advocating, caring for, and intervening in order to improve outcomes for patients hospitalized with alcohol-related problems. However, nurses'

personal beliefs, opinions, views, and attitudes related to alcohol use can negatively impact nursing care of these patients. According to Lock et al. (2002), nurses admitted that they approached these patients with a great deal of reservation, caution, and discomfort about raising the subject of alcohol consumption. Nolli Bittencourt & de Vargas (2015) explain that “negative attitudes towards alcoholics may result in the failure to detect or address alcohol use in patients which can ultimately compromise comprehensive care and lead professionals to feel unmotivated when treating these patients” (p. 49). I would note that use of the term ‘alcoholics’ is considered stigmatizing and attention to the use of language is a critical aspect of providing respectful care.

Johnson et al. (2010) stated that “Nurses were anxious not to misdirect advice, with some practitioners finding drinking a difficult topic to raise, in case of upsetting patients. Whilst service user aggression is rare, providers might remember such incidents and attempt to avoid a re-occurrence” (p. 6). Indig et al. (2009) found that in the emergency department, physicians and nurses lacked the confidence, knowledge, skills, and sense of responsibility to fully and appropriately manage patients with alcohol-related problems. They were faced with major barriers such as insufficient time, resources, and skills in caring for these patients. In their research study, Indig et al. (2009) recognized that “there needs to be more drug and alcohol training not only in nurses’ and doctors’ professional studies but also in ongoing professional education” (p. 29). The lack of education about alcohol and health at the college and university levels means nurses are often not prepared, or competent, to care for those presenting alcohol-related problems. Further, they are often not even able to detect such problems (Fleming & Baier Manwell, 1999).

Vadlamudi et al. (2008) explained that several authors have identified the importance of education and skill development for nurses to improve their care of people experiencing

problems with alcohol. Vadlamudi et al. (2008) stated that “education, as an intervention, is shown to be an effective tool to change the attitudes, beliefs, and confidence levels of primary care nurses. Through education, nurses’ practice behaviors regarding the screening, advice, treatment, and referral of patients with alcohol abuse may be changed in the long run” (p. 296). Owens, Gilmore and Pirmohamed (1999) state that “it is important to ensure that practice nurses are properly qualified and trained to develop their role in screening for alcohol use” (p. 259). Similarly, in their research, Crothers and Dorrian (2011) have found that education and training can impact a nurse’s ability to care for patients with alcohol problems.

These observations are consistent with my own experiences as a nurse. For example, during a practicum, I invited a guest speaker to share his experiences with the nurses in my unit. Mr. Smith was a patient who had been hospitalized because he presented symptoms of alcohol withdrawal. The nurses were astounded to learn that he was a university professor and once married with children. Mr. Smith spoke about how he felt that the nurses ignored and avoided the subject of alcohol consumption. He complained that, during his hospitalization, he was never once asked how he was coping or feeling. At the same time, Mr. Smith thanked the nurses for their care in treating his symptoms of alcohol withdrawal but in the same breath, he urged them to look beyond the physical signs and to encourage patients to discuss the impact of alcohol consumption on their personal lives. For me, personally, this pinnacle moment in my career inspired the creation of my informational resource. In turn, I realized that nurses needed training in intervention skills and support to help deal with patients hospitalized for alcohol-related issues. Also, during one of my undergraduate practicums, I interviewed nurses, in a clinical setting, about alcohol use and had them answer a series of questions concerning their attitudes, opinions, and beliefs about patients who were hospitalized with problematic alcohol use. Many

of the nurses admitted that they were uncomfortable broaching this subject with their patients. Most of the nurses felt that they lacked the skills and education to engage with people with alcohol problems. The nurses felt that they knew very little about the effects of alcohol dependency or the treatments and interventions for it. Many of the nurses I spoke with talked about their feelings of inadequacy, impatience, and disinterest in caring for these patients. They described difficulties with their interventions because of patient non-compliance, ineffective individual coping, and complicated family dynamics. A few of the nurses explained that they did not consider alcohol consumption a disease but simply a weakness in character. During casual conversations with these nurses, they expressed their frustrations and lack of empathy as they found it difficult to care for these patients.

As a result of knowledge I gained in the Advanced Practice Leadership Program and my experiences, I was inspired to develop an informational resource designed to provide nurses with knowledge and skills to assist them to feel more confident when caring for patients hospitalized for alcohol-related problems, their families and support persons. To begin, I provide background information, my statement of purpose, and theoretical perspective. Finally, I introduce the method for creating the informational resource, the facilitators and barriers in implementing an informational resource, guidelines, the informational resource, and evaluation survey.

Purpose/Aim of Project

The purpose of my project is to introduce the screening and brief intervention tool and create an informational session that can increase nurses' skills and knowledge in caring for people with alcohol-related problems. The objectives of this project are:

- To develop nurses' knowledge of, and skills for, alcohol screening and brief interventions for patients hospitalized for alcohol-related problems.
- To provide nurses with information about the physical, social, psychological, and physiological effects of alcohol dependency to enhance their assessments of the needs of patients hospitalized for alcohol-related problems.
- To provide nurses with information to strengthen their attitudes, comfort, and confidence levels when approaching patients and families about alcohol-related problems.
- To increase nurses' awareness of the resources available in the community so they can refer patients who are hospitalized for alcohol-related problems, and their families or support persons, to the appropriate professionals/organizations.

Background

Today's nurses face many challenges in their practice. Nurses struggle to give excellent care while dealing with lack of time, equipment, funds, personnel, and support. Patient care and patient safety outcomes are affected by nurse staffing levels, overtime, wages, nurse to patient ratios, and a negative work environment (Stone et al., 2007). Nurses are also faced with emotional exhaustion, ethical and moral residue, fatigue, and burnout (Kirwan, Mathews, & Scott, 2013). These conditions make it difficult for nurses to care for patients who are hospitalized for severe alcohol dependency especially when these patients present with behavioral, emotional, and cognitive problems.

Nurses' beliefs, attitudes, misconceptions, judgements, and opinions about alcohol dependency can also compromise care of this population (Kelleher, 2007).

There are a number of barriers to having alcohol-related discussions. Such barriers include confusion as to what constitutes over consumption of alcohol, fear that asking about drinking could harm the patient-provider relationship, stigmatization of substance

abuse, skepticism about the effectiveness of alcohol counseling, lack of time, inadequate training, and a belief that patients will not honestly disclose their drinking practices (McCormick et al, 2006, p. 966).

Vadlamudi et al. (2008) stated that “lack of adequate training, fixed, inappropriate attitudes or beliefs about alcohol abuse patients and their treatment, time constraints, fear of losing patients, discomfort discussing alcohol abuse with patients, as well as lack of insurance coverage act as barriers in availing the opportunity of diagnosing and treating patients with alcohol abuse” (p.292). Although lack of insurance coverage is a barrier that American nurses face, in Canada, the barriers concerning negative attitudes and lack of training still exist.

Patients with high alcohol consumption may face many barriers to quality care. Some of these barriers are: denial or absence of problem, negative social support, fear of treatment, privacy concerns, time conflict, poor treatment availability, and admission difficulty (Rapp et al., 2006). Benton (2009) explains that patients may not want to divulge their alcohol consumption because they are ashamed, they are afraid they will be judged, they do not want people to lose respect for them, and they believe they may not receive the proper health care. Therefore, patients may be reluctant to discuss these issues with their nurses. Lock et al. (2002) stated that “nurse perceptions about patient reactions to discussion about alcohol issues ranged from aggression, through embarrassment, lack of interest and apathy, to more positive responses where patients were reasonably straight with nurses or even keen to discuss the issue” (p.337).

Other barriers, such as nurses' discomfort and avoidance, can be responsible for the lack of discussion with patients and family members about alcohol consumption. Some nurses find patients with alcohol problems difficult or unrewarding, and may deem them not deserving of their care (Crothers and Dorrian 2011). Nurses may be reluctant to discuss alcohol consumption

because they are afraid of initiating a confrontation with their patients. They fear that these confrontations will interfere with nurse-patient relationship.

Often, when patients are faced with serious health issues, families become the main support system. With patients are hospitalized with alcohol-related problems, families may be at a loss about how to help and support their loved ones. Rotunda, Scherer, and Imm (1995) explain that “knowing the impact of alcoholism on family processes has become especially important as the demand for treatment of alcoholics, their families, and adult children of alcoholics increases” (p. 95). Nurses can include the family in collecting personal information on the patients drinking habits. Families can become part of the open discussions about the effect alcohol has on the physical and mental health of the whole family unit. Also, nurses can refer families to self-help groups available in the community as further support. If nurses practice joint involvement of patients and their family members in the alcohol screening process, they can provide care that could benefit both parties. Sealy and Smith (2012) explain that “families benefit when nurses collaboratively assist them to access family and outside resources in order to reduce stress and suffering in the family as they encounter illness and build capacity to promoting health” (p. 279). Communication is a powerful tool that can be used to interact with patients and their families. Consequently, a gap in nursing has been identified where a lack of knowledge and skills in relation to alcohol screening and brief interventions for patients hospitalized for alcohol-related issues and their families can hinder care.

Moreover, there is a belief with a few health-care professionals that delivering early patient interventions as part of routine healthcare can be successful with hazardous or harmful drinkers. They understand the importance of these interventions but feel that that are lacking the training and skills to apply them in practice. As nurses are often the first point of contact, and as

they assess patients during hospitalization, they too can be implicated in the brief alcohol intervention phase. This is an opportunity for nurses to help patients make decisions concerning their alcohol dependency.

Therefore, I will introduce and compare several possible approaches to assessing alcohol use, and provide a rationale for choosing screening and brief intervention as the preferred approach.

Screening and Brief Intervention

Fleming and Baier Manwell (1999) explain that the term brief alcohol intervention “refers to a time-related, patient-centered counseling strategy that focuses on changing patient behavior and increasing patient compliance with therapy” (p. 129). Generally, brief interventions are conducted by physicians in order to decide on the medical treatment or intervention patients should receive for their physical, physiological, and mental needs when they go through alcohol withdrawal. Babor and Kaden (2005) define “intervention” as “any effort made to provide information or advice, to increase motivation to stop, to teach skills consistent with cessation of substance abuse, or to provide more intensive therapy” (p. S84).

A brief intervention may improve the patient’s outcome and may reduce alcohol-related harms and return visits to the emergency room. Fleming and Baier Manwell (1999) stated that “many studies have demonstrated that brief intervention delivered in primary care setting can be an effective way to help at-risk or problem drinkers change their drinking behavior, thereby ameliorating or preventing alcohol related health and other problems” (p. 137). Also, many studies have shown to reduce alcohol consumption and can lead patients to enter into a specialized alcohol treatment center (Fleming & Manwell, 2006, p. 135). In clinical trials

conducted in a 12 month period, brief alcohol interventions have reduced consumption levels. The study found that 10 to 30 percent of patients had modified their drinking behaviours after receiving a brief alcohol intervention by a nurse clinician (Fleming & Manwell, 2006, p. 130). Several clinical trials suggest that providing a brief intervention can decrease a person's alcohol consumption (Tsai et al., 2011, p. 976).

Brief alcohol interventions are strategies that nurses can learn to adopt in their practice settings in order to work with the interdisciplinary team so that the patient can be referred to the appropriate interventions or treatments. Performing brief screening and alcohol interventions are sometimes viewed as a barrier because of the belief that brief alcohol interventions are not effective and cannot be incorporated in health promotion (Johansson, 2002, p. 41). Often, patients experience repeat hospitalizations even though they have had brief alcohol interventions which reinforce the idea that they are not successful. Nilsen (2010) explains that "multiple studies have shown that many health professionals are sceptical as to the expected effectiveness of counselling on alcohol issues and concern has been expressed about the lack of or inadequate screening and BI materials, including alcohol questionnaires and self-help booklets" (p. 955). The belief that brief alcohol interventions are not effective stem from the idea that patients are not interested or open to seeking treatment.

Before a brief alcohol intervention can be implemented, however, the alcohol risk level must be confirmed using a screening process. Williams et al. (2006) explain that "most primary care patients who screened positive for alcohol misuse and who returned a questionnaire that assesses alcohol misuse had some recognition that they drink more than they should and/or have at least contemplated drinking less" (p. 218). A focused nursing assessment is critical in identifying the potential for alcohol consumption in all hospitalized patients.

In order for nurses to undertake alcohol screening and brief interventions, they must be aware of resources or tools available to evaluate drinking for their patients. While physicians are introduced to alcohol screening and brief intervention knowledge and practice in medical school, this content is not usually part of the curriculum in nursing school. Nurses have limited classroom and clinical experience with alcohol-related health issues. Thus, many nurses have never been exposed to this information. Matukaitis Broyles et al. (2012) stated that “many nurses reported a general inability to identify and classify alcohol risk and an inability to define the appropriate goal or intervention for each level of risk” (p. 7). Because of this lack of training these therapeutic procedures are not carried out.

It follows that if nurses were informed of the benefits of alcohol screening and brief interventions, they might be more willing to use these tools in hospital settings. If nurses receive the essential knowledge and skills they need to be able to respond to the health consequences of problematic alcohol use, it might also impact positive attitudes towards adopting alcohol screening tools. Thus, I propose the development of an informational resource designed to enable nurses to carry out alcohol screening and implement a brief intervention in their everyday practice. Vadlamudi et al. (2008) confirms that “creating time for alcohol abuse screening and intervention must be brief, targeted, and effective to garner inclusion in any professional discipline’s curriculum (p. 292).

Several tools have been developed for alcohol screening. Unfortunately, we do not have one specifically designed for nursing. In 1993, experts from the World Health Organization (WHO) developed a screening tool called The Alcohol Use Disorders Identification Test (AUDIT) tool has been translated in many languages and has been used all over the world. The questionnaire can be filled out by a health professional or by the individual. The AUDIT is a

tool consisting of ten questions that identify the severity of alcohol misuse. Since this tool contains ten questions, the interview process may be time consuming. AUDIT focuses on the patient's recent history of alcohol use only. After the questionnaire is filled out, the questions are scored with a maximum score of 40. According to AUDIT, any score over 8 suggests a drinking problem (WHO, 2006). When a patient tests positive, it is suggested that a brief intervention is necessary.

A second screening instrument is the CAGE questionnaire, which consists of four questions:

Have you ever:

- (1) felt the need to *cut* down your drinking;
- (2) felt *annoyed* by criticism of your drinking;
- (3) had *guilty* feelings about drinking;
- (4) taken a morning *eye* opener?

A score of 2 to 3 indicates a high index of suspicion, and a score of 4 is virtually diagnostic for alcohol abuse (O'Brien, 2008, p. 2054). The CAGE questionnaire offers a quick and fairly simple way to determine a patient's pattern of alcohol consumption. Nurses can memorize the CAGE acronym, which will guide them in asking the appropriate questions, and they can adapt the questionnaire and blend it with their existing knowledge as they deliver interventions in ways that accord precisely with their practice setting. O'Brien (2008) explains that "the CAGE questions move the discussion toward behavioral effects of the drinking rather than an isolated number of drinks per day" (p. 3).

In Canada, one of the most widely used alcohol screening and brief intervention tools is the tool developed by The College of Family Physicians of Canada and the Canadian Centre on

Substance Abuse (CCSA). Nationally, other health care professionals and physicians have adopted the use of this alcohol screening tool and brief alcohol intervention tool. After reviewing several alcohol screening tools, I have chosen the alcohol screening tool and brief intervention tool which has been adopted by the Family Physicians of Canada to include in my informational resource for nurses (Enoch, 2002). The alcohol screening tool and brief intervention was designed to meet the challenges of over consumption of alcohol in Canada specifically. Although it has not been adopted by nursing, many research studies suggest the involvement of nurses in alcohol screening and brief interventions as in a broad range of settings and in the community. The College of Family Physicians of Canada and the Canadian Centre on Substance Abuse (CCSA) provide an alcohol screening tool that consists of a few questions (CCSA, 2012). The first one is “Do you drink beer, wine, coolers, or alcoholic beverages?” If patients answer yes to this question, the physician will ask two more: “On average, how many days per week do you drink alcohol?” and “On a typical drinking day, how many drinks do you consume?” Based on the answer to these questions, the health care provider will determine the level of risk and the brief intervention appropriate for his patient (CCSA, 2012). The brief intervention is conducted according to whether the patient is classified as an elevated risk, suffering from alcohol abuse or alcohol dependency. Once the patient is situated in one of these three risks, the health care professional will determine the goals and create a plan in order to advise the patient on their alcohol consumption. The third step to the alcohol screening tool and brief intervention is to address the patient’s follow up in their decrease in use and to support their linkage with treatment. Enoch (2002) explains that “there are three major hurdles to overcome in the treatment of alcoholism: (a) physiologic dependence (symptoms of withdrawal), (b) psychological dependence (alcohol used as treatment for anxiety, depression, stress), and (c) habit

(the central part that alcohol occupies in the framework of daily living)” (p. 449). The alcohol screening tool and brief intervention addresses these “hurdles” so that the patient can be motivated to change their behaviours. The alcohol screening tool and brief intervention can be effective as it encourages feedback, advice and goal setting which can be done in just a few minutes. It highlights how conversations about alcohol can take place in different ways in healthcare settings (O’Donnell et al., 2013). For nurses the challenge lies in how to learn, with confidence, to utilize this tool to assess their patients for alcohol consumption so that we can take part in these conversations.

Research in the use of the alcohol screening and brief alcohol intervention in primary care settings has shown a decrease in alcohol consumption and an increased willingness to enter into a treatment program. Alcohol screening and brief alcohol interventions have found to reduce alcohol consumption by 12% per week in patients who were identified to drink risky amounts of alcohol (Saitz, 2010, p. 631). O’Donnell et al. (2013) explains that “available research indicates that significant public health gains could be achieved if even the basic elements of brief alcohol intervention were mainstreamed in primary healthcare” (p. 75). Alcohol screening and brief alcohol intervention must be considered as a preventative approach to reduce the quantity, frequency, and intensity of drinking habits. Brief alcohol interventions showed positive outcomes in clinical trials by reducing consumption levels. These analyses demonstrated that clinicians could expect 10 to 30 percent of their patients change their drinking behaviours after receiving a brief intervention (Fleming & Manwell, 1999, p. 130).

In the systematic reviews concerning alcohol screening and brief intervention, O’Donnell reports that “screening or assessment reactivity affects outcomes...and contain a therapeutic

element” (O’Donnell et al, 2013, p. 75). Nurses’ ability to discuss their concerns with patients can be effective in changing many patients’ drinking habits before they become life threatening. Enoch and Goldman (2002) explain that “the severity of the alcohol problem, comorbid medical and psychosocial problems, and the patient’s motivation to change are key elements influencing the family physician’s choice of intervention” (p. 448). Once patients and their families decide to confide in nurses about alcohol dependency, we can implement our brief intervention. Thus, the alcohol screening and brief intervention tool, although not specifically developed for nurses, holds promise as a strategy for increasing nurses knowledge and skill in addressing a difficult to approach topic in health care. For this reason, I have developed an informational resource to assist nurses to learn about more about alcohol and the use of the screening and brief intervention tool.

The Implications of Alcohol Screening and Brief Intervention in Nursing Care

Nurses who are trained in alcohol screening and brief intervention can have an impact on detecting and managing patients who are at risk for alcohol dependency (Johnson et al. 2010). However, based on my conversations with nurses and my literature review, it is clear that nurses may be reluctant to raise the question of alcohol use and that stigma plays a role especially for people suspected of problems related to alcohol use. Thus, nurses require more than just knowledge but opportunities to examine their attitudes and beliefs. Nurses must examine and reflect how their experiences through their practice and personal lives have shaped these beliefs and attitudes. Thus, an informational resource created specifically to educate nurses about screening and interventions for alcohol problems is needed.

An informational resource designed for nurses dealing with patients who are hospitalized because of alcohol-related problems can and should improve knowledge, communication skills, and attitudes with these patients. The intention is that it should inspire nurses to initiate a conversation with their patients and create an opportunity to discuss alcohol use. When we analyze the reasons or factors that influence our attitudes, beliefs, and perspectives, information is one source for addressing negative reactions towards patients. Information can give nurses the skills, and tools to approach and care for these patients greater knowledge, and to initiate open and honest discussions with them. Nurses who receive the proper training and information should be better prepared to explore patients' alcohol-related problems and discuss different options that may be available.

Further, families are usually implicated in care of this population; thus, when they are nurses will invite family members into conversations about their family members' health- and alcohol-related issues. Warren et al. (2012) explain that "the nurse's interventions can include all family members in the reinforcement of health teaching and as part of the entire assessment" (p. 46). Nurses should consider including family members, or other such support persons, in the alcohol screening process and brief intervention as it might strengthen their capacity to influence the patient in his/her choices. Further, in addition to guidance, the family members themselves will benefit from information about community resources and compassion from the nurse. After years of feeling angry, resentful, ashamed, and hopeless, at times, families may be reluctant to accept or attend therapy (Rotonda et al., 1995, p. 101). It behooves the nurse to establish a trusting relationship with the family in order to be optimally effective in his or her interactions with them. Rotonda et al. (1995) stated that "in treating alcoholics and their families, one needs to pay special attention to understanding the importance alcohol consumption plays in the family

dynamics and not pay attention solely to achieving sobriety” (p. 101). During the support and follow-up stage of the brief intervention, families can play a huge part in whether the patient can meet and sustain their drinking goals. Nurses can inform families about the additional support they can receive from different therapy groups in the community.

Also, through the informational resource, nurses can improve communication and collaboration with other members of the interdisciplinary team. Broyles et al. (2012) explains that “engaging direct healthcare providers in discussions and partnerships early is imperative for effect and sustained implementation of alcohol screening and brief intervention in these and other potential health care settings” (p. 14). When nurses utilize the alcohol screening and brief intervention to evaluate a patient, they can approach other members of the care team with their results. This information can be included in the enhanced medical records so that other health care professionals can have access to the patient’s alcohol-related risk level. Therefore, the physicians and social workers can work with the patient to determine the necessary and appropriate interventions. Nurses can generate new ideas and create unique and expanded nursing roles to promote the continuity of care with patients hospitalized for alcohol-related problems by improving interdisciplinary collaboration and communication and they can be involved in modifying or creating adequate alcohol assessment protocols. Nurses can improve communication with patients and families who are reluctant to receive care for high alcohol-risk levels. Nurses can be involved in their organizations to demonstrate the importance of including alcohol screening in the enhanced medical records so that they become part of everyday evaluations for patients who we perceive to be at risk (Broyles et al., 2012).

These benefits of an informational resource for nurses may, in turn, create positive outcomes for patients and their families. McCormick et al. (2006) explain that “provider

communication skills influence quality of care, and certain provider behaviors can significantly affect health outcomes” (p. 970). Nurses and patients can build trusting relationships. Nurses can motivate and support patients who are considering making lifestyle changes.

My aim is to introduce nurses to the alcohol screening and brief intervention tool in the informational resource so that it will increase knowledge which, in turn, may increase nurses’ comfort level in order to initiate discussions with these patients. These discussions can give us opportunities to create, develop, and maintain a deeper relationship with patients hospitalized for alcohol-related problems and their families. The design of the informational session is such that the nurse participants will have an opportunity to reflect upon and examine their own views about alcohol-related issues that may be inaccurate or biased. The informational session will offer nurses an opportunity to challenge their values and norms about alcohol use. It will increase their assessment and evaluation skills so nurses can carry out alcohol screening and brief interventions that will allow them to adapt care to the specific needs of each individual. It may help to increase a nurse’s confidence level with discussing sensitive issues without the fear of confrontation. The informational session will increase nursing knowledge in order to understand each patient’s lived experience which, in turn, can enhance empathy and inspire a more holistic approach.

Significance to Nursing

As I watch the interactions between nurses and patients, I am sad to see that on many occasions, nurses do not have a more holistic approach to care that would inspire them to consider their attitudes, beliefs, and misconceptions about patients hospitalized for problematic alcohol use. In my search, I located many nursing research articles that addressed the importance

of nurses performing alcohol screening and alcohol brief interventions. Watson et al. (2014) explains that “the need for adequate alcohol education and training for nurses has been identified not only within the UK but also internationally” (p. 8). Nurses who are trained to use an alcohol screening and brief intervention tool can adopt it as a part of the routine assessment, evaluation, and care of patients in hospital settings.

The implications for nursing education would be to incorporate education programs as part of the curriculum in nursing school in order “to increase nurses’ knowledge about alcohol as well as its impact on illness and treatment, and to enhance facilitators and reduce barriers to intervening for problems of alcohol use (Tsai et al., 2011, p. 977). Education programs as part of the curriculum could include the introduction of alcohol screening and brief intervention tools that may serve as reference for further studies or for training in practice. An important implication is the inclusion of content related to alcohol screening and intervention in nursing curriculum for student nurses so that they will be more informed and aware of the seriousness of alcohol use as well as how to approach it. In many research articles, I found that nurses felt that caring for patients with alcohol-related problems should be part of nursing education and should be included in the nursing curriculum. I believe that education programs could also be implemented in patient care units in order to identify and manage patients with alcohol-related problems through documentation in patient charts. Watson et al. (2014) stated that “education and training would provide nurses with the clinical confidence and skills to engage in the delivery of alcohol brief interventions” (p. 8). When patients are hospitalized for alcohol use, nurses have an opportunity to interact, communicate, and connect with them.

Based on my experience and reading, I found that nurses often lack the skills, education, and tools to openly and honestly discuss patients’ drinking problems. Lock et al. (2002) stated

that “most nurses reported receiving no specific training on alcohol issues and this lack of experience was given as a reason for alcohol being low on the nurses’ list of priorities” (p. 340). Therefore, I believe that the informational session I have developed will expand nursing knowledge and encourage changes to nursing care. As I reflected on my past practicums, my own personal practice, and the interviews with nurses in my practice setting, I saw there was a need for an informational session so nurses could improve their nurse/patient approach and relationships with patients (and their families) who suffer from problematic alcohol use.

Through work in my practice setting, I realized the need for an informational session related to alcohol screening and brief intervention. In practice, I think such interventions are important and should be available to all nurses in both English and French. Thus, I want to highlight the implications and potential applications of my findings and project for nursing practice. In nursing practice, it could result on a lasting effect of practice behaviour with patients who consume alcohol. Also, it can contribute to harm reduction, health improvement, and the reduction of morbidity and mortality (Vadlamudi, 2010). Systematic reviews included evidence-based research on implementing alcohol screening and brief intervention by showing a decrease in consumption, willingness for change, and an increase in program attendance when patients were approached by nurses to discuss alcohol-related problems (Johnson, 2010). The statistics reported by Health Canada related to the injuries, deaths, hospitalizations, and violence due to severe alcohol dependency highlight how important it is for us to address alcohol use through education, intervention, and prevention. Nurse leaders, managers, and advanced practice nurses can contribute to quality care in the “achievement of appropriate self-care, demonstration of health promoting behaviours, functional status, perception of being well cared for, and symptom management to criterion” (Doran et al., 2010, p. 54). Evidence-based alcohol government

policies and guidelines are important as they inform the Canadian population on the harms caused by alcohol consumption.

Continued research is crucial in order to develop, implement, and evaluate the use of alcohol screening and brief intervention in hospital care units by the nursing profession. Nilsen (2010) explains that “it is critical that brief intervention research expands beyond its current parameters to advance our understanding of how wider implementation of brief intervention can be achieved in various settings” (p. 958).). Importantly, nurses can and should engage in research in this area to foster discussion and improve care. Such research can contribute to the much needed changes for clinical practice by helping to highlight that excessive alcohol consumption is a serious health issue that needs to be addressed in our work as nurses as well as strategies to work more effectively with patients. Lock et al (2002) reports that “a great deal of research has previously been carried out focusing on a general practitioner’s role in this work and the focus has begun to swing to nurses working in primary health care taking a more active role” (p. 340). Therefore, further research into alcohol screening and brief interventions conducted by nurses may help promote nurse involvement and the need for skill-based training. Further research is needed into nurse/patient approaches to the care of people hospitalized for alcohol-related problems, since there is very little information on this subject in Canada or elsewhere.

Terms and Definitions

In my informational resource, I will include the terms and definitions used in alcohol consumption so that nurses can use be aware of the current language. In using the correct terminology we can and should avoid stigmatizing words such as alcoholics, drunks, etc. It is important that we are able to determine a patient’s drinking levels and patterns in order to

identify the severity of their alcohol dependency and prevent further problems. Understanding the differences between social, moderate, heavy, binge, and excessive drinking can help to determine the treatment and intervention that best suits the patient's needs. Social drinking is done in the company of others in a social setting. Moderate drinking and heavy drinking are more difficult to define as they both are terms used when the daily volume of alcohol is exceeded. Binge drinking occurs when a person will have several drinks in a short period of time with periods of abstinence in between. Excessive drinking is a term that has been replaced by hazardous use which implies that the person is at risk of harmful consequences whereas harmful use is defined as substance use that causes damage to one's health (The World Health Organization's Lexicon).

In order for nurses to be aware of the nuances of alcohol use and to use the appropriate language when communicating with patients and other health care workers, I will include the common terms and definitions used in assessing alcohol consumption in my informational session. These terms will allow nurses to accurately describe patients' drinking levels and patterns in order to identify the degree of risk and severity of alcohol consumption.

Acknowledging the differences between social, moderate, heavy, and binge drinking, as well as harmful and hazardous use, for example, can help determine the treatment and intervention that best suits the patient's needs (these and other terms are included in Appendix A, with definitions drawn from the World Health Organization's "Lexicon of Alcohol and Drug Terms"). By defining each term and through the careful use of language, I hope to provide nurses with a vocabulary that is less stigmatizing and more inclusive.

Enoch and Goldman (2002) explained that "the severity of the alcohol problem, comorbid medical and psychosocial problems, and the patient's motivation to change are key

elements influencing the family physician's choice of intervention" (p. 448). If nurses better understand these terms and their definitions, they will be better equipped to accurately assess patients and communicate with them and other health care workers. In addition to including key terms and tools in my informational session I will design a true or false questionnaire to test nurses' basic knowledge of alcohol consumption. Finally, I will design an evaluation questionnaire to ensure that I receive feedback to inform the revision of the original informational session.

Advanced Practice Nursing Competencies and Qualities

Advanced practice nurses (APNs) have a responsibility through the development of knowledge, skills, and expertise to translate complicated health issues into changes in policies, practice, education, and research. This involves advocating for patients, as APNs support and encourages the voices of patients hospitalized for alcohol-related issues. Advanced practice nurses must ask clinical questions about treatments and care plans, address gaps in practice, and find innovative solutions to problems by searching through existing literature, and critically appraising evidence (Doran, 2010). APNs must collaborate, consult, and work with other health care professionals to develop quality improvement and risk management strategies. Also, APNs must be able to identify the learning needs of other nurses and health care workers in order to develop programs, resources, and educational tools (CNA, 2008). As part of APNs clinical competencies, they must participate in knowledge exchange and find ways to incorporate new nursing knowledge into nursing practice, education, and research (CNA, 2008). Harwood (2013) explains that the clinical nurse specialist role includes "advanced nursing assessment and clinical management skills, consultation and collaboration in a complex environment, teaching and coaching patients and family caregivers and teaching, coaching, and mentoring nurses and

nursing staff, and providing leadership for best-practice initiatives and cost-effective quality improvement” (p. 281). One of the qualities of a good leader is to be able to share our vision with other. Therefore, we provide a comprehensive way to explain our vision and its purpose so that others are on board with the proposed ideas.

Within the different organizations, the community, and the health care systems, APNs are leaders who advocate improved patient care and professional nursing (Doran et al., 2010). Through the evaluation and assessment of clinical practice, nurses develop best practice guidelines (BPG) based on evidence-based research and knowledge, and APNs play a lead role in these kinds of initiatives. A first step in developing BPGs is to reflect on practice (Sherwood & Horton-Deutsch, 2012). Sherwood & Horton-Deutsch (2012) explained that “reflective practice is the process of exposing contradictions in practice, and it demands nurses confront themselves and the conditions of practice that limit the achievement of “good” work in which one “does the right thing” (p. 24). It is through reflection on nurses’ practice experiences that nurses decide what clinical practice issues need to be addressed and why they need to be addressed. Once the clinical practice issue is identified, APNs can present their findings to their nurse managers or other leaders in their organization in order to inform them of the issue. Therefore, this can ensure that they will receive the support necessary to forge ahead with their work. An APN can create an informational resource that disseminates information about their subject and the BPG to educate nurses. In addition, APNs must advocate to have the BPG adopted as best practice. Thus, APNs influence patient outcomes by supporting and guiding nurses through the process of identifying clinical practice issues, developing related BPGs, disseminating information about the BPG, advocating for its adoption in the organization, and supporting nurses as they implement the BPG into practice hospital care units.

Also, it is through my advanced nursing education that I was able to detect a gap in nursing care in my practice setting with patients hospitalized for problematic alcohol use. I realized that nurses were lacking the appropriate training, education, and skills to detect, treat, and care patients with alcohol problems. In turn, this inspired me to want to create an informational resource in order to change practice, improve quality care, and patient outcomes. I want to introduce the informational resource in my hospital care unit and in my organization to improve nursing care for people with problematic alcohol use. In the development of my project, I was able to compare different alcohol screening and brief intervention tools in order to determine which one would best fit in nursing practice. As described above, I choose the alcohol screening and brief intervention created by The College of Family Physicians of Canada and the Canadian Centre on Substance Abuse (CCSA). The reason for this choice was because it has been documented to be an influential tool with a substantial impact on alcohol consumption. Drawing on my knowledge of nursing and theoretical perspectives in nursing, I was able to base the content of my informational session on an appropriate nursing theory which I will describe below which is particularly important for developing the deep understanding for skillful clinical judgement and patient approach.

Theoretical Perspective

In undertaking this project, I drew on Margaret Newman's theory of health as expanding consciousness. Newman (2010) envisions nursing as a series of connected moments in which nurses form caring and healing relationships with people. It is in these moments that patterns are recognized so that the person and the nurse may work together to attain a higher level of consciousness so that we may attain a higher consciousness. Newman explains that "pattern is information that depicts the whole of a person's relationship with the environment and gives an

understanding of the meaning of relationships all at once” (Dexheimer Pharris, 2010, p. 290).

These patterns attend to interactions with the environment for patients, their families, and communities across different practice settings and cultures. Endo (2004) stated that “Newman’s theory attends to families as well as individuals as centers of consciousness (patterns of energy) within an overall pattern of expanding consciousness” (p. 111). I believe that as people and their families face difficult and life-threatening situations, nurses can help them understand the disease process, recovery, and prevention, and accompany them on the journey through disease to health. Thus, it is in those moments when a nurse is assessing a patient or providing care that she has the opportunity to discuss sensitive issues such as alcohol use with them or their families. In fact, the relationship between nurse and the person or persons in a nurses’ care is paramount and a given as a backdrop to assessments and interactions that focus on alcohol use.

I believe that by drawing on Newman’s theory of health as expanding consciousness, we can learn to create connections with families and patients suffering from alcohol use disorder will, in turn, encourage them to confide in us and consider the assistance we have to offer to address the situation. Newman (as cited in Witucki Brown, 2010) states that through active listening, nurses can understand patients’ stories, recognize the patterns of their lives, gain insight into the endless possibilities for health, and, as a result, modify their approach in caring for these patients. For nurses, the challenge is to accompany these families and patients so that they can become active participants in their trajectory as they face new and stressful challenges and can experience health as an expansion of consciousness. Jones (2006) reports that “health as expanding consciousness promotes the integration of nursing knowledge across theory, research, and practice that fosters the evolving of new knowledge to advance the science, and the application of this knowledge by nurses to improve the lives of people globally” (p. 331). I

believe that reinforces the idea that Newman's theory can be a useful framework to guide practice in caring for patients who are hospitalized for alcohol use and their families.

In order for nurses to create this interconnectedness, they must be able to show love, respect, and compassion when they engage with families and patients hospitalized for alcohol-related problems. Thorkildsen et al. (2014) explain that "love can be seen as the source of unselfishness that involves responsibility for another's well-being, a capacity to understand the world through the eyes of another, and uncalculated, selfless commitment to the need of others" (p. 353). As nurses care for families and patients who are hospitalized for alcohol-related problems, they must concentrate on what is meaningful for the patient, to let go of the need to fix things, build relationships in an authentic manner, and to make holistic observations (Newman as cited in Brown, 2010). It is through these holistic observations that we can "search for the human being behind the addiction." (Thorkildsen et al., 2014, p. 355). As explained in Newman's theory, it is an individual's own life story that makes them unique. Therefore, nurses can tap into the families' and patient's desire to envision a life without alcohol. Thorkildsen et al. (2014) stated that "the unconditional love that means to give and provide boundless care without demanding anything in return is essential, according to the nurses, to helping patients through their suffering" (p. 2014). Often, patients do not feel that they are deserving of the love and compassion that nurses demonstrate towards them. If nurses who encounter patients who suffer from alcohol-related issues, practice in a loving manner, this can facilitate the healing process.

Witucki Brown (2010) explains that Newman's theory of expanding consciousness is based on the process of pattern recognition. Pattern is what identifies an individual as a particular person. For nurses, recognizing these patterns is a new way of caring. It is through open discussions, active listening, and evolving relationships that we can create pattern

recognition. Each person's life pattern is unique but certain patterns of adversity, which may have led to alcohol-related problems, emerge through our interactions with these patients. As these patterns are recognized, the person or persons in a nurses' care can discover possibilities that could lead to transformation. These transformations occur from within and include the nurse, patient, and family simultaneously. Jones (2006) states that "health as expanding consciousness presents health and illness as manifestations of a life process" (p. 331). Newman (cited in Witucki Brown, 2010) explains that "the nurse comes together with clients at these critical choice points in their lives and participates with them in the process of expanding consciousness" (p. 482). The process of expanding consciousness occurs in a privileged moment that contains mutual interaction between the patient/family and nurse. Through their connections with patients and family, nurses can teach patients to recognize their own power to improve their health by focusing on the whole person instead of just the disease. The informational resource will give the nurses the skills and training so that they can understand the meaning of the patient's health experience so that they can feel closer to these patients and their families. Even if these patients and families hold values different from our own, we can create a close relationship where nursing care evolves (Endo, 2004).

Newman's theory of expanding consciousness has been used in many practice settings with various client populations. The implementation of the theory with these different populations has been reported to have "increased emotional and physical client healing as a result of use of the theory in nurse-client interactions" (Witucki-Brown, 2010, p. 491). In my informational resource, I incorporated the theory so that it could improve and help develop advanced assessment skills and intervention strategies with patients and their families. Witucki-Brown (2010) explained that Newman used cooperative inquiry or integrative participation to

interview clients at different times in order to recognize patterns. Therefore, in my informational resource, nurses can use the alcohol screening and brief intervention tool and Newman's theory to explore and improve nurse-patient approach. Nurses will learn how to be, act, and to respond to actual and potential health problems with patients hospitalized with alcohol-related problems.

Facilitators and Barriers in Implementing the Informational Resource

Implementing any informational resource in practice is not an easy task. In the present working environment, where nurses lack time, equipment, funds, personnel, and support, introducing a new concept may meet with resistance. Though I may find some nurses who are willing participants in affecting change, nurses often explain that it is because they lack time, knowledge, and skills that they do not approach patients or their families to discuss the subject of alcohol use. Tsai et al. (2011) suggest that "education programs are needed to increase nurses' knowledge about alcohol as well as its impact on illness and treatment, and to enhance facilitators and reduce barriers to intervening for problem alcohol use" (p. 977). Thus, any informational resource needs to be easily accessed and flexible for use by nurses. A PowerPoint presentation was chosen to fit the demand of a busy nursing work environment. . There are both strengths and limitations of this choice. The strengths of the informational resource are its feasibility, accessibility, and cost-effectiveness. I recognize that such an approach has limitations in addressing attitudinal changes. My informational resource may also be met with apprehension by the directors at the organizational level. Johnson et al. (2010) explain that "barriers to engagement in screening and brief intervention were found to be associated with several organizational factors. The most important factors are lack of financial incentives or managerial support, as well as management of staff workloads that might limit the extent to which practitioners are able or willing to take on additional responsibilities" (p. 6). In their roles,

nurse leaders can support and guide the nurses who undertake alcohol screening and brief intervention. Another factor that may hinder the successful implementation of the informational resource, by nurses, is the belief that brief alcohol interventions do not help to reduce alcohol consumption. Nilsen (2010) reports that “multiple studies have shown that many health professional are skeptical as to the expected effectiveness of counselling on alcohol issues and concern has been expressed about the lack of or inadequate screening and brief intervention materials” (p. 955). As some of these patients often require several hospitalizations even when receiving treatment, this may lead the nurses to believe that brief interventions, treatments or counselling may not be beneficial. Through my informational resource and the implementation of the alcohol screening and brief intervention tool, over time, nurses will notice the efficacy of these interventions and the positive impact it has on their patients.

Chapman (2010) suggests that through advanced education and through leadership roles, the advanced practice nurse can be an agent of change in her organization and in the health care system. Chapman (2010) explains that “the change agent needs to deliberately set the stage by making compelling, evidence-based arguments for the desired outcome in a way that will be viewed as deserving of the time and effort of those impacted” (p. 102). The advanced practice nurse must be able to create different strategies in order to transfer knowledge into practice to show its effectiveness in hospital care units. Nurses need to feel that they can successfully implement the teaching of the informational resource in their practice and believe that it will improve patient care. In turn, the utilization of my informational resource can prove to be an innovative, creative, and inexpensive way to improve nursing care for patients who are hospitalized for alcohol abuse. Next, I will discuss the method I used to develop an informational resource for nurses to enhance care of people with alcohol problems.

Method

Through my courses, I have learned how to assess, evaluate, and critique different approaches to developing an informational resource so I can decide which are most appropriate for my topic. In order to deepen my understanding of the process, I examined ways to bridge theory and practice. In the process of designing the informational resource, I researched the issues that were relevant in order to create a presentation designed to prepare nurses to develop competencies and capabilities to care for patients hospitalized for problematic alcohol use.

The informational resource I developed is intended to build on the already existing knowledge, competencies, and skills that nurses have acquired through education and their own experiences. Nurses already have some existing knowledge, competencies and skills in caring for patients with alcohol-related health issues. It is through the review of nursing literature that I was able to detect a gap in nursing knowledge in relation to the challenges that nurses face in caring for patients with problematic alcohol use. By reflecting of this evidence, I was able to determine that we need to find ways to overcome the negative attitudes and beliefs in order to improve nurse patient communication. I intend to compliment that through providing information related to the withdrawal symptoms, and the physical, social, physiological, and social effects of alcohol consumption. I have also included information on the obstacles/barriers that are responsible for discouraging honest and open-discussions about alcohol use. The informational resource will demonstrate how to approach patients with the use of the alcohol screening and brief intervention tool. With the alcohol screening and brief intervention tool, we can increase knowledge and skills in order to increase the nurses' comfort and confidence level in interacting with patients hospitalized for alcohol-related problems. Education can contribute to a shift in negative attitudes and can shape how we perceive the health care process. In turn,

this can improve negative attitudes in regards to these patients, which can create honest and open-discussions.

The first step was to research the use of a computer-based informational resource. A search of educational databases was conducted in order to understand how to create a PowerPoint presentation. I utilized a teaching guideline from the Northern Illinois University to design my informational resource. In reviewing and assessing other informational resources, I determined that I needed to create an original and specific presentation that would be relevant to my own project. I was unable to locate other informational resources that discussed alcohol-related issues. My research allowed me to reflect on the best method to determine how my informational resource guided my targeted goals.

Interviews with nurses in my hospital care unit were carried out to discuss the content of an informational session. I was able to receive their opinion on what they deemed important to include in the informational resource. The nurses explained that I should include an alcohol screening and brief intervention tool that they could implement at the bedside in order for them to feel confident in assessing and evaluating their patients. A search on the University of Victoria website was done to find examples of other nursing projects. This helped to understand how other students had included informational resources in their own projects. It gave me an idea on how to incorporate the content of my project into my own distinctive presentation. My advanced practice nursing education helped me develop the skills I needed to identify my aim or purpose, the nursing theory that best fit, and the means by which I would transmit this information to the nurses in order to bring about change.

The second step was to create a PowerPoint presentation that I could transfer to a USB key that nurses could view at their own convenience. Phillipi (2010) explained that technology and internet resources can increase options for transformative learning for those who struggle to participate in other avenues of discourse and learning” (p. 48). In other words, technology and the internet make learning more accessible as attending courses or workshops is not always an option for nurses today. The online format can allow nurses access at any location or time of day Phillipi, 2010). I used this format to create my presentation because it is a concise and comprehensive way to integrate all the information related to my project. My informational resource was created so that nurses could view the PowerPoint presentation in a relaxed environment of their choice. This gives them the time they need to absorb the content and it can foster a thought-provoking process. The PowerPoint presentation is an integrated approach to introduce strategies in alcohol screening and brief alcohol intervention. Since the PowerPoint presentation is loaded onto a USB key is cost-effective, easily accessible, and can be viewed in any practice setting. Therefore, my strategy for using a PowerPoint presentation uploaded on a USB key was to ensure that my informational resource” was made more accessible to a broader audience of adult learners.

The third step was to create an interactive survey nurses could use to test their knowledge acquisition of alcohol dependency following the presentation and give feedback on the usefulness of the information resource. The feedback I receive from the nurses can allow me to modify the information resource as needed in order to improve the content. The opinion of the nurses will help us determine whether they were able to understand the material and tool. It will also indicate if there is a need for further support in applying the concepts in the informational

resource in practice. Finally, the survey will encourage discussions and discourses related to their own beliefs and practices with patients hospitalized for alcohol-related problems.

Limitations

Although the use of an informational session created as a PowerPoint presentation on a USB key is cost-effective, it does have limitations. Some nurses may find it difficult not to have a nurse educator present the material because this does not permit them to ask questions and receive immediate feedback. Often, educators will use a case study, role playing, story-telling or participation in a group discussion to facilitate learning and to evaluate what the students have understood. As this is difficult to incorporate in a PowerPoint presentation it may limit the student interaction with the content. The students that view my informational session must be autonomous, responsible, and independent thinkers and learners. Nurses understand that they are responsible for undertaking continuing education as part of their professional development and as part of their professional practice standards. As some learners may need more support, it may make it difficult for them to understand or interpret the meaning of what I am trying to communicate in the informational session. Some nurses may not be familiar with the nursing theory that underpins the guiding and developing of the informational session which may make it difficult for them to apply the approaches I have set forth into practice. The PowerPoint presentation may limit the possibility of active engagement on the material with the teacher and the other learners.

Conclusion

Problematic alcohol use is worldwide phenomena with related harms for those who consume increased amounts. Nurses are likely to encounter people with problematic alcohol in their practice but often feel unequipped to assess, identify and address sensitively these concerns.

APNs play a key role in guiding and supporting nurses in adopting best practices for the care of persons affected by alcohol addiction, and educating nurses is a key strategy APNs use to do so. Education, as an intervention, has been proven to give nurses the knowledge and skills in order to increase their comfort and confidence levels to care for patients who are hospitalized with alcohol-related problems. Informational resources can be effective in training nurses to use the alcohol screening and brief intervention tool. The impact of information and knowledge can contribute to changes in practices and better capacity to deal with problematic alcohol use. The contribution that nurses can make in regards to these patients cannot be overestimated. As nurses incorporate alcohol screening and brief intervention in their daily practice, I believe that we may see a change in nurses' attitudes, beliefs, and misconceptions regarding this population. In turn, since alcohol-related issues have become a worldwide health concern, nurses can make a major difference through prevention, harm reduction, advice, and support.

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Appendix A

Lexicon

A lexicon of terms related to alcohol use and abuse, drawn from the World Health Organization's "Lexicon of alcohol and drug terms"
(http://www.who.int/substance_abuse/terminology/who_lexicon/en/)

Alcohol

In chemical terminology, alcohols are a large group of organic compounds derived from hydrocarbons and containing one or more hydroxyl groups. Ethanol is one of this class of compounds, and is the main psychoactive ingredient in alcohol beverages.

Alcohol abuse

Because of the ambiguity of the term, the WHO prefers the equivalent terms of harmful use or hazardous use.

Harmful use

A pattern of psychoactive substance use that is causing damage to health.

Hazardous use

A pattern that increases the risk of harmful consequences for the user.

Alcoholism

A term of long-standing use and variable meaning, generally taken to refer to chronic continual drinking or periodic consumption of alcohol which is characterized by impaired control over drinking, frequent episodes of intoxication, and preoccupation with alcohol and the use of alcohol despite adverse consequences (this term originated in 1849). **This term is no longer used at is considered stigmatizing.**

Dependence

A general term, the state of needing or depending on something or someone for support or to function or survive.

Detoxification

As a clinical procedure, the withdrawal process is carried out in a safe and effective manner, such that withdrawal symptoms are minimized.

Alcohol Dependency Syndrome

A cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated substance use.

Drinking problem

Drinking that results in problems, individual or collective, health or social (this term originated in the 1960s).

Social drinking

The use of alcoholic beverages in compliance with social custom, primarily in the company of others, and then only for socially acceptable reasons and in socially acceptable ways.

Moderate drinking

An inexact term for a pattern of drinking that is by implication contrasted with heavy drinking (also contrasted with light drinking).

Heavy Drinking

A pattern of drinking that exceeds some standard of moderate drinking or –more equivocally— social drinking (defined as exceeding a certain daily volume).

Binge Drinking

A pattern of heavy drinking that occurs in an extended period set aside for the purpose (often with intervening periods of abstinence).

Excessive Drinking

Currently a non-preferred term for a pattern of drinking considered to exceed some standard of moderate drinking or acceptability (hazardous drinking is a rough equivalent in current use).

An Informational Resource for Nurses Caring for Patients Hospitalized with Alcohol-Related Problems: The Creation Process

Today, nurses can encounter patients who are hospitalized for alcohol-related problems in practically every practice setting. Most nurses do not have the skills or knowledge to approach these patients in order to have honest and open discussions about alcohol misuse. A gap in knowledge and training has been identified since nurses do not receive professional training through their nursing education. Many nurses are not familiar with alcohol screening and brief interventions which are tools that can be used to question patients and their families about alcohol consumption. Most nurses do not feel confident or comfortable caring for these patients because they are lacking the skills and knowledge.

Therefore, my informational resource is designed to address the need for education and training for nurses who work with patients who are hospitalized for alcohol-related problems. In the creation process, I mapped out the topic, expected learners, and theoretical perspective that guided the development of my informational resource. The informational resource will be evaluated with the use of a survey in order to understand the learner outcomes. Finally, I created my PowerPoint presentation to serve as my informational resource so that nurses can be sensitized to the problems related to alcohol use and information to enhance their knowledge and skills in assessing alcohol consumption

Description of Topic

Nurses who care for patients who are hospitalized for alcohol-related problems encounter many barriers that can impede them from openly discussing this issue with their patients.

The lack of adequate training, fixed, inappropriate attitudes or beliefs about abuse patients and their treatment, time constraints, fear of losing patients, discomfort

discussing alcohol abuse with, as well as lack of insurance coverage acts as barriers in availing the opportunity of diagnosing and treating patients with alcohol abuse.

Attitudes, beliefs and confidence levels were considered as one of the most important barriers. (Vadlamudi et al., 2008, p. 292).

Often, nurses have negative attitudes, make judgments, and have misconceptions about patients who are hospitalized for alcohol use because they feel these patients are responsible for their own actions.

Pauly (2013) stated that “stigma and discrimination, although now always explicit, act as deterrents to accessing health care and can profoundly shape health care encounters” (p. 434). Also, nurses feel that they do not have the skills or knowledge to be able to have open-discussions with patients and their families in order to discuss in order to direct to be able to undertake alcohol screening and brief intervention. If nurses can improve their skills and knowledge, this can increase their comfort and confidence level. Vadlamudi et al. (2008) said that “changing attitudes is very difficult but not impossible. Medical education has been shown to have a profound effect on the attitudinal development of medical students, giving ample room for intervention through education to change the attitudes and beliefs, thus facilitating effective treatment of patients who abuse alcohol” (p. 292). I believe that nursing education can have the same impact for nurses who care for patients who are hospitalized for alcohol-related problems. Therefore, my informational resource will address the educational needs of nurses who desire to have a better knowledge of and improve their competency in taking care of patients hospitalized for alcohol-related problems. My informational resource will also improve nurses’ attitudes towards these patients.

Learning Goals and Objectives

The learning goals of the informational resource for nurses are: the development of knowledge and skills in alcohol screening and brief interventions, to have a greater understanding of the physical, social, psychological, and physiological effects of alcohol dependency, to improve the comfort and confidence level in approaching patients and their families in order to have open discussions about alcohol consumption, to improve negative attitudes, and to increase awareness of the resources available in the community in order to refer families and/or patients to the appropriate professionals or organizations.

The Intended Audience

The PowerPoint presentation is developed for nurses who work in practice settings where patients are hospitalized for alcohol-related problems. Hayes (2009) explains that “nurses also confront alcoholism’s “hidden faces” in their varied healthcare setting in primary care, outpatient clinics, occupational health, surgical centers, home or hospice care, long-term care centers, or even schools” (p. 68). The nurses can be from novice to expert. The learners can be from a variety of generations. It is not necessary for the nurses to be extremely savvy with technology as the teaching module is not difficult to use. Nurse clinicians can also complete the informational resource so that they can support nurses who feel that need help in approaching these patients. The informational resource is designed for learners from diverse knowledge, skills, backgrounds, and experiences that are interested in improving quality of care for patients hospitalized for alcohol problems.

Reflective Practice

Humans learn from the experiences that they have encountered in our lives. These experiences enable us to critically reflect on how they presently affect our perceptions, beliefs, attitudes, and opinions. Renigere (2014) explains that “critical thinking and reflection shape the interaction among different specific components of the professional competences of a nurse in the health care process” (p. 120). Therefore, nurses who rely on evidence-based research, theory, and knowledge are more inclined to find solutions to the problems they encounter in their work. In the PowerPoint presentation, I have included the alcohol screening and brief intervention tool so that nurses can use it to help patients divulge their alcohol consumption. Evidence supports the use of the alcohol screening and brief intervention tool as an approach to affect alcohol use. In turn, my PowerPoint presentation was intended to challenge the learners assumptions towards the patients hospitalized for alcohol-related problems.

The nurses must reflect on the barriers and obstacles that discourage them from having honest and open discussions with their patients. In the informational resource the barriers are introduced so that nurses can reflect on the reasons that may make it difficult to invest time and energy with these patients. The barriers can be responsible for the lack of collaboration with others. My informational resource explains that using the appropriate terminology to address these patients reduces the use of derogatory language. When we refrain from using words that can stigmatize a patient, it can contribute to increased awareness of negative attitudes. My informational resource allows the learner to analyze new knowledge and skills in order to view the context in a different manner by introducing alcohol screening and brief intervention tool. The use of the informational session may improve nursing practice in order to allowing self-reflection, critical thinking, improve skills, knowledge, competencies, and discover new assumptions so that a new way of thinking can be put into action. Consequently, I feel that it

will inspire nurses to nurses to interconnect with their patients hospitalized for alcohol-related problems. While practicing open-mindedness and a holistic approach, we can empower our patients and create meaningful experiences.

Newman's Theory of Health as Expanding Consciousness

The nursing theory that underpins my approach to my informational resource is Newman's theory of health as expanding consciousness. Newman (2010) believed that "the nurse facilitates pattern recognition in clients by forming relationships with them at critical points in their lives and connecting with them in an authentic way" (p. 482). It is through these relationships that nurses can create interconnectedness with their patients and families. When we build relationships based on trust and honesty, we can have open discussions with our patients and their families. This is very important especially when we need to broach sensitive subjects. Families and patients who are hospitalized for alcohol-related problems do not always feel comfortable discussing alcohol consumption with their nurses. In the informational resource, I include suggestions in order to improve patient and family approach. For example, nurses must approach patients and their families with compassion, empathy, and acceptance so that they can create an environment of care. Also, nurses must practice active listening so that they can engage in dialogue about alcohol-related problems. In listening, we do not impose our ideas and opinions on others. Newman (2010) explained that "the nurse can facilitate client insight through sharing the process of pattern recognition, thus opening action possibilities" (p. 482). As the nurses practice active listening and as they ask very specific questions, they can have meaningful exchanges with these patients and their families. If nurses are aware of the barriers and obstacles that impede these conversations from occurring, this may inspire to apply what they have learned in the informational resource to their own practice.

We can adopt the alcohol screening and brief intervention in our own practice setting to encourage conversation. Jones (2006) explains that Newman's theory of health as expanding consciousness states that "the person is invited by the nurse to participate in pattern appraisal and, through reflection, find opportunities for a new awareness and action that promotes change, movement, and transformation" (p. 331). This invites the patients and their families to engage in dialogues about their lived experiences, their fears, and what is meaningful in their lives. When we include Newman's theory in our learning and in our practice, nurses can improve their communications skills and nurse-patient and nurse-family relationships. In my informational resource, I encourage nurses to become the coach or mentor in order to guide patients and their families so that they can make decisions and act independently. Jones (2006) stated that "the impact of these health as expanding consciousness based care models have promoted patient comfort, enriched practice, increased nurse satisfaction, and promoted theory-guided patient care" (p. 331). I believe that the use of Newman's theory as a framework for my informational resource is important because it demonstrates how engaging with families and patients who are hospitalized for alcohol-related problems can create many possibilities. We can learn to develop the knowledge and skills needed to approach patients and their families in a holistic manner so that they can ultimately envision new life choices.

Description of the Informational Resource

The informational resource is a one hour information session in the form of a PowerPoint presentation. The PowerPoint presentation is downloaded on a Universal Serial Bus (USB) key which will be given to the nurses to use at their convenience. The nurses can review the presentation at their own pace. This is important as it gives the nurses time to review and reflect on the content. Today, as budgetary considerations and time constraints are a harsh reality of

nursing, information sessions must be convenient, accessible, and stimulating. Pacini (2010) stated that “organizational changes precipitates new performance requirements or new technology or any other phenomenon that generates a necessity for new learning, it may also render obsolete previous customary procedures or standards of care” (p. 117). Also, nurses can choose the environment in which to learn. They can review the presentation in their practice setting or in the privacy of their own homes.

The informational resource is interactive which will make learning fun and, at the same time, test their common knowledge about alcohol consumption. The learning objectives will be added in the presentation so that the learners will know and understand the purpose or aim of this informational resource. The PowerPoint presentation will contain an interactive true or false questionnaire concerning the myths which will test their knowledge of alcohol consumption. The presentation will contain information on the physical, social, psychological, and physiological effects of alcohol use. This is to give the nurses a better understanding of how alcohol-related problems can affect a person’s physical and mental health. Also, this will demonstrate how it can also affect a person’s social life. The presentation will include a list of symptoms of alcohol withdrawal so that nurses can recognize these symptoms as they care for patients. In turn, they will be able to inform the physician so they can prescribe the best treatment to relieve the symptoms of alcohol withdrawal. We will also discuss the barriers/obstacles that impede nurses from having open and honest discussions about alcohol consumption.

I will introduce the alcohol screening tool and brief intervention that nurses can use as a guide to question their patients. The questionnaire is an alcohol screening method that consists of three questions. These questions can help determine the nature and extent of their alcohol-

related problems. This can also help us to assess the severity of the problem by determining the level of risk (elevated risk, alcohol abuse or alcohol dependence). The questions are as follows: Do you drink beer, wine, coolers or other alcoholic beverages? If the patient responds yes to this question then we proceed to the other two questions: On average, how many days per week do you have an alcoholic drink? And on a typical day, how many drinks do you consume? In discussing her findings with the physician, the nurse can be involved in how the brief intervention can be implemented. Also, the brief intervention, follow-up, and support will be determined according to this information. The physician may decide to refer the patient to another physician or other professionals in the community who specialize in alcohol dependency. Because the alcohol screening tool contains three questions that can be easily memorized, it can be adopted by nurses even if time constraints are an obstacle or barrier.

Finally, we will end the presentation with a list of resources in the community. The list of resources is important because it will increase the nurses' awareness of the resources available in the community in order to refer families and/or patients who are hospitalized for alcohol dependency to the appropriate professional or organizations. Overall, the PowerPoint presentation will be presented in a manner that will inspire critical reflection about the beliefs and attitudes that impact the way nurses care for patients hospitalized for alcohol related-problems.

The Informational Resource: Its Effects on Practice

As the nurses complete the informational resource, I hope that they become motivated by the subject to improve their attitudes so that they can reflect on how they can apply it to practice.

The informational resource will help the learner assume responsibility of applying the principles of alcohol screening and brief intervention to care for their patients. By the end of the session, the learners should be able to discuss the subject with more confidence and to ask the necessary questions if they do not understand some of the content in the presentation. The nurses should be able to display basic knowledge and skills in using the alcohol screening tool and brief intervention in order to have open discussions about alcohol consumption. The informational resource will help nurses integrate their increased knowledge of resources in the community in order to refer patients and their families to different organizations professionals. At the end of the presentation, I believe that the nurses will be able to describe how they have experienced growth and development during their learning process. Oermann (2007) explains that “one of the most important issues to be resolved early in the planning for an educational experience is identifying outcomes, or what students should take away from their experience”(p. 300). From my PowerPoint presentation, what nurses will take away from their experience is that they can improve their knowledge and skills, which in turn, will improve their comfort and confidence level in caring for patients hospitalized for problematic alcohol use so that they can change their attitudes and beliefs. Consequently, the nurses will have the information, tools, and resources to use the alcohol screening tool and brief interventions so that these patients can receive quality care.

Evaluation

The evaluation of the PowerPoint presentation is important in order to assess whether the content was effective. Young et al. (2007) explain that “program and curriculum evaluations are

organized systematic processes of acquiring and appraising information about a nursing education program and the materials and methods used in its implementation” (p. 38). The learners will be able to give their feedback and opinions at the end of the presentation. A survey will be handed to the students upon returning the USB key. The survey will contain five questions: 1) The PowerPoint presentation shows evidence of effective research of concepts relevant to alcohol dependency? 2) The PowerPoint presentation reflects accurate, specific, purposeful information concerning the physical, social, psychological, and physiological effects of alcohol consumption? 3) The PowerPoint presentation helps to increase awareness of the resources available in the community in order to refer families and/or patients who are hospitalized for alcohol dependency to the appropriate professionals or organizations? 4) Did the PowerPoint presentation accomplish its intended purpose of developing the knowledge and skills in alcohol screening and brief interventions for patients hospitalized for alcohol-related problems? 5) Do you believe that you will be able to feel more comfortable and confident in having open discussions with patients and their families about alcohol-related problems?

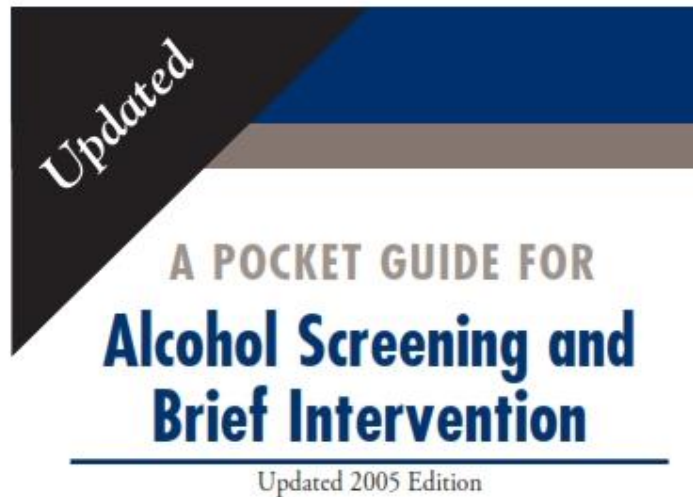
After each question, the learners will be asked to answer yes or no and why so that they can explain the reason they feel or think in a certain manner. The survey will encourage the learners to discuss whether their learning outcomes were relevant, and if their learning goals and objectives were met. The survey will encourage the students to reflect on what they have learned. It can also permit them to further inquiry and research about alcohol consumption. They nurses can approach the clinical nurse specialist, who is distributing the informational resource, to ask questions should some of the information be unclear. Finally, there will be a space reserved for feedback, remarks, or suggestions that can improve the presentation. The

survey will encourage the learners to discuss whether their learning outcomes were relevant, and if their learning goals and objectives were met.

Conclusion

In summary, the creation of the informational resource was used to address the learning needs that I have identified within my practice setting. The basis for my informational resource was intended to improve professional development. I feel that the informational resource will be beneficial in filling a gap that I have identified in nursing care. The theoretical perspective that underpins my approach in the informational resource will attempt to improve confidence and comfort levels in nurse-patient approach, improve communications in order to create meaning discourses/discussions, to change attitudes and beliefs, and to improve the skills and knowledge of nurses who care for patients hospitalized for alcohol-related problems. The informational resource can become a tool for continuing education with the hope of impacting nursing care in the area of problematic alcohol use.

Appendix C



This pocket guide is condensed
from the 34-page NIAAA guide,
*Helping Patients Who Drink Too Much:
A Clinician's Guide.*

Visit www.niaaa.nih.gov/guide for related
professional support resources, including:

- patient education handouts
- preformatted progress notes
- animated slide show for training
- materials in Spanish

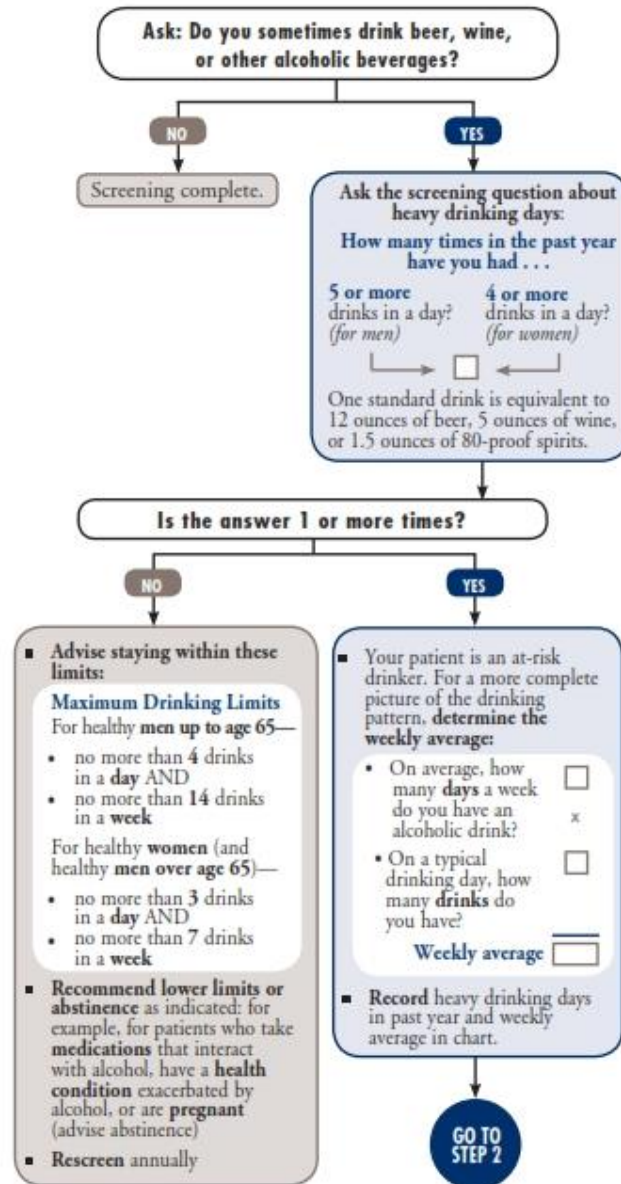
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HOW TO SCREEN FOR HEAVY DRINKING

STEP 1 Ask About Alcohol Use



HOW TO ASSESS FOR ALCOHOL USE DISORDERS

STEP 2 Assess For Alcohol Use Disorders

Next, determine if there is a *maladaptive pattern of alcohol use*, causing *clinically significant impairment or distress*.

Determine whether, in the past 12 months, your patient's drinking has **repeatedly** caused or contributed to

- risk** of bodily harm (drinking and driving, operating machinery, swimming)
- relationship** trouble (family or friends)
- role failure** (interference with home, work, or school obligations)
- run-ins** with the law (arrests or other legal problems)

If yes to **one or more** → your patient has **alcohol abuse**.

In either case, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has

- not been able to stick to drinking limits** (repeatedly gone over them)
- not been able to cut down or stop** (repeated failed attempts)
- shown tolerance** (needed to drink a lot more to get the same effect)
- shown signs of withdrawal** (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- kept drinking despite problems** (recurrent physical or psychological problems)
- spent a lot of time drinking** (or anticipating or recovering from drinking)
- spent less time on other matters** (activities that had been important or pleasurable)

If yes to **three or more** → your patient has **alcohol dependence**.

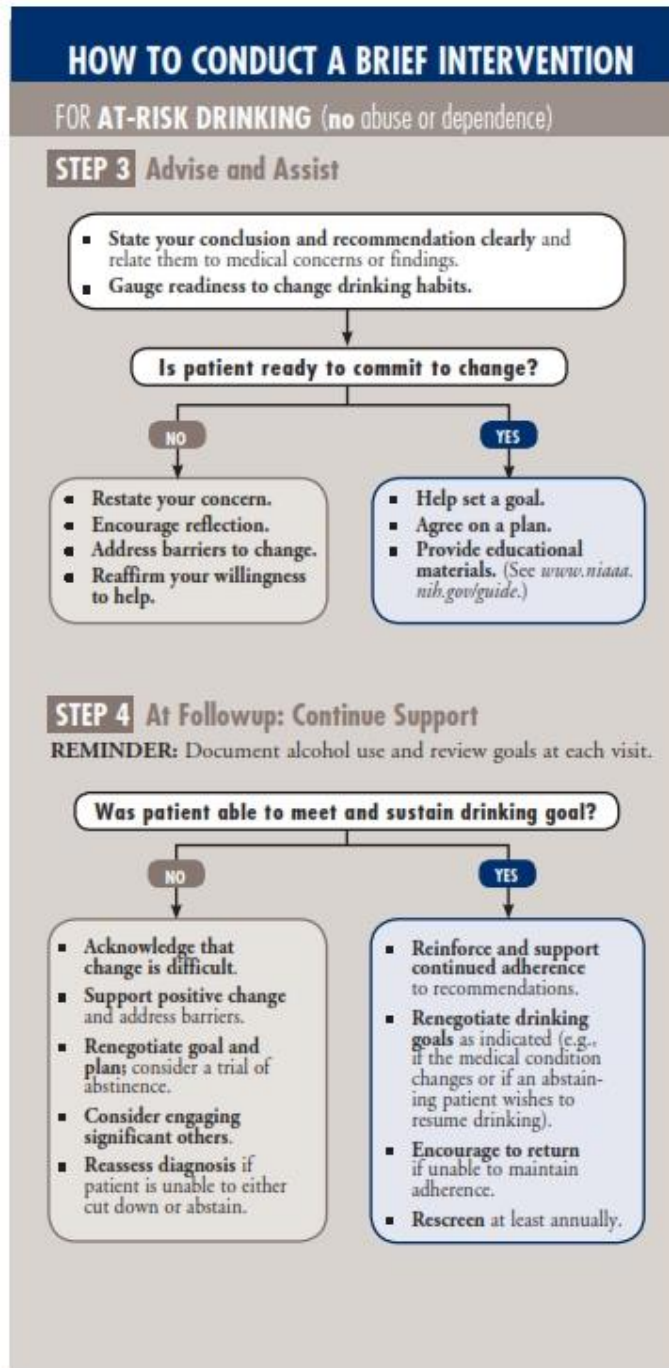
Does patient meet criteria for abuse or dependence?

NO

GO TO
STEPS 3 & 4
for
AT-RISK
DRINKING

YES

GO TO
STEPS 3 & 4
for
ALCOHOL USE
DISORDERS



HOW TO CONDUCT A BRIEF INTERVENTION

FOR ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3 Advise and Assist

- State your conclusion and recommendation clearly and relate them to medical concerns or findings.
- Negotiate a drinking goal.
- Consider evaluation by an addiction specialist.
- Consider recommending a mutual help group.
- For patients who have dependence, consider
 - the need for medically managed withdrawal (detoxification) and treat accordingly.
 - prescribing a medication for alcohol dependence for patients who endorse abstinence as a goal.
- Arrange followup appointments, including medication management support if needed.

STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?

NO





- Acknowledge that change is difficult.
- Support efforts to cut down or abstain.
- Relate drinking to ongoing problems as appropriate.
- Consider (if not yet done):
 - consulting with an addiction specialist.
 - recommending a mutual help group.
 - engaging significant others.
 - prescribing a medication for alcohol-dependent patients who endorse abstinence as a goal.
- Address coexisting disorders—medical and psychiatric—as needed.

YES

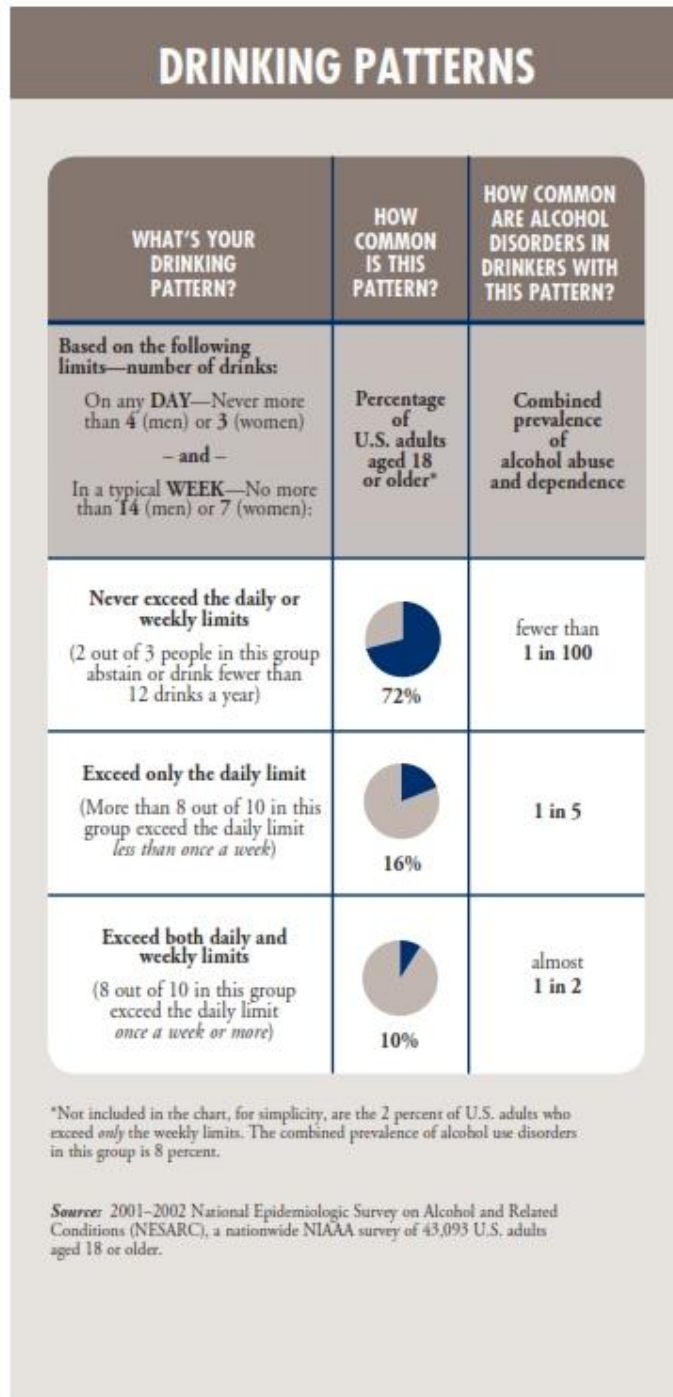
- Reinforce and support continued adherence.
- Coordinate care with specialists as appropriate.
- Maintain medications for alcohol dependence for at least 3 months and as clinically indicated thereafter.
- Treat coexisting nicotine dependence.
- Address coexisting disorders—medical and psychiatric—as needed.

WHAT'S A STANDARD DRINK?

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are U.S. standard drink equivalents as well as the number of standard drinks in different container sizes for each beverage. These are approximate, since different brands and types of beverages vary in their actual alcohol content.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
<p>12 oz.</p>  <p>~5% alcohol</p>	<ul style="list-style-type: none"> • 12 oz. = 1 • 16 oz. = 1.3 • 22 oz. = 2 • 40 oz. = 3.3
MALT LIQUOR	
<p>8-9 oz.</p>  <p>~7% alcohol</p>	<ul style="list-style-type: none"> • 12 oz. = 1.5 • 16 oz. = 2 • 22 oz. = 2.5 • 40 oz. = 4.5
TABLE WINE	
<p>5 oz.</p>  <p>~12% alcohol</p>	<ul style="list-style-type: none"> • a 750-mL (25-oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
<p>1.5 oz.</p>  <p>~40% alcohol</p>	<ul style="list-style-type: none"> • a mixed drink = 1 or more* • a pint (16 oz.) = 11 • a fifth (25 oz.) = 17 • 1.75 L (59 oz.) = 39

**Note:* Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.



PRESCRIBING MEDICATIONS

The chart below contains excerpts from page 16 of NIAAA's *Helping Patients Who Drink Too Much: A Clinician's Guide*. It does not provide complete information and is not meant to be a substitute for the patient package inserts or other drug references used by clinicians. For patient information, visit <http://medlineplus.gov>.

	Naltrexone (Depade®, ReVia®)	Extended-Release Naltrexone (Vivitrol®)	Acamprosate (Campral®)	Disulfiram (Antabuse®)
Action	Blocks opioid receptors, resulting in reduced craving and reduced reward in response to drinking.	Same as oral naltrexone; 30-day duration.	Affects glutamate and GABA neurotransmitter systems, but its alcohol-related action is unclear.	Inhibits intermediate metabolism of alcohol, causing a buildup of acetaldehyde and a reaction of flushing, sweating, nausea, and tachycardia if a patient drinks alcohol.
Contraindications	Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure.	Same as oral naltrexone, plus inadequate muscle mass for deep intramuscular injection; rash or infection at the injection site.	Severe renal impairment (CrCl < 30 mL/min).	Concomitant use of alcohol or alcohol-containing preparations or methionizole; coronary artery disease; severe myocardial disease; hypersensitivity to rubber (thiuram) derivatives.
Precautions	Other hepatic disease; renal impairment; history of suicide attempts or depression. If opioid analgesia is needed, large doses may be required, and respiratory depression may be deeper and more prolonged. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .	Same as oral naltrexone, plus hemophilia or other bleeding problems.	Moderate renal impairment (dose adjustment for CrCl between 30 and 50 mL/min); depression or suicidal ideation and behavior. Pregnancy Category C.	Hepatic cirrhosis or insufficiency; cerebrovascular disease or cerebral damage; psychosis (current or history); diabetes mellitus; epilepsy; hypothyroidism; renal impairment. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .
Serious adverse reactions	Will precipitate severe withdrawal if the patient is dependent on opioids; hepatotoxicity (although does not appear to be a hepatotoxin at the recommended doses).	Same as oral naltrexone, plus infection of the injection site; depression; and rare events including allergic pneumonia and suicidal ideation and behavior.	Rare events include suicidal ideation and behavior.	Disulfiram-alcohol reaction; hepatotoxicity; optic neuritis; peripheral neuropathy; psychotic reactions.
Common side effects	Nausea; vomiting; decreased appetite; headache; dizziness; fatigue; somnolence; anxiety.	Same as oral naltrexone, plus a reaction at the injection site; joint pain; muscle aches or cramps.	Diarrhea; somnolence.	Metallic after-taste; dermatitis; transient mild drowsiness.
Examples of drug interactions	Opioid medications (blocks action).	Same as oral naltrexone.	No clinically relevant interactions known.	Anticoagulants such as warfarin; isoniazid; methionizole; phenytoin; any nonprescription drug containing alcohol.
Usual adult dosage	Oral dose: 50 mg daily. Before prescribing: Patients must be opioid-free for a minimum of 7 to 10 days before starting. If you feel that there's a risk of precipitating an opioid withdrawal reaction, a naltrexone challenge test should be employed. Evaluate liver function. Laboratory followup: Monitor liver function.	IM dose: 380 mg given as a deep intramuscular gluteal injection, once monthly. Before prescribing: Same as oral naltrexone, plus examine the injection site for adequate muscle mass and skin condition. Laboratory followup: Monitor liver function.	Oral dose: 666 mg (two 333-mg tablets) three times daily, or for patients with moderate renal impairment (CrCl 30 to 50 mL/min), reduce to 333 mg (one tablet) three times daily. Before prescribing: Evaluate renal function. Establish abstinence.	Oral dose: 250 mg daily (range 125 mg to 500 mg). Before prescribing: Evaluate liver function. Warn the patient (1) not to take disulfiram for at least 12 hours after drinking and that a disulfiram-alcohol reaction can occur up to 2 weeks after the last dose and (2) to avoid alcohol in the diet (e.g., sauces and vinegars), over-the-counter medications (e.g., cough syrups), and toiletries (e.g., cologne, mouthwash). Laboratory followup: Monitor liver function.

Note: Whether or not a medication should be prescribed and in what amount is a matter between individuals and their health care providers. The prescribing information provided here is not a substitute for a provider's judgment in an individual circumstance and the NIAA accepts no liability or responsibility for use of the information with regard to particular patients.
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Appendix D
Evaluation Survey

The PowerPoint presentation shows evidence of effective research of concepts relevant to alcohol dependency?

Yes _____ No _____ Why? _____

The PowerPoint presentation reflects accurate, specific, purposeful information concerning the physical, social, psychological, and physiological effects of alcohol consumption?

Yes _____ No _____ Why? _____

The PowerPoint presentation helps to increase awareness of the resources available in the community in order to refer families and/or patients who are hospitalized for alcohol dependency to the appropriate professionals/organizations?

Yes _____ No _____ Why? _____

Did the PowerPoint presentation accomplish its intended purpose of developing the knowledge and skills in alcohol screening and brief interventions for patients hospitalized for alcohol-related problems?

Yes _____ No _____ Why? _____

Do you believe that you will be able to feel more comfortable and confident in having open discussions with patients and their families about alcohol-related problems?

Yes _____ No _____ Why? _____

Please write your suggestions for improving this PowerPoint presentation below.
