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Development of an AI Platform for Training SBIRT with SUD/OUD Prevention and Treatment



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Questions	Least	Neutral	Most	Mean	p-value
(N=14)				(SD)	
On a scale of 1-5 (with 5 being the	0	3	7	4.13	0.00026*
most natural), how would you rate	(0%)	(21%)	(50%)	(0.9)	
the Al's responses?					
On a scale of 1-5 (with 5 being the	0	3	10	4.47	0.0000027*
most relevant), please rate the	(0%)	(21%)	(71%)	(0.7)	
SBIRT simulation.					

Results: Data collection was a post-simulation survey with content validity and usability questions on the naturalness of the AI and its ability to respond appropriately to therapeutic and non-therapeutic communication. Participants rated the naturalness of the AI 4.13 on a 5-point Likert scale. General comments were positive for the robustness of the AI's responses and minor recommendations for the user interface.

Method: Qualitative testing of an AI platform was conducted significant with content matter experts for feedback on the AI model or fixes for the web-based platform prior to integration with the virtual reality application. 16 faculty and nurse practitioner experts tested the AI-driven web-based version of the Screening Brief Intervention and Referral to Treatment simulation, including a recorded pre-brief, scenario conversation with the AI, and recorded video instructions for self-reflection debriefing. AI-enabled assessment was also built using elements from the Global Interprofessional Therapeutic Communication Scale (GITCS). Participants could view their Conversation Log and AI-generated Assessment Feedback to self-reflect. A dual-system agent was employed to gather conversations, and an anonymous log was kept to assist with the conversations moving forward.





Conclusion: Although the AI model seems to respond appropriately to user interaction, more consideration is needed for the accuracy of the AI-generated assessment with the GITCS tool. The development team plans to conduct an initial analysis of inaccuracies before having the research team further validate the AI's assessments of participant communication.

References upon request contact information <u>Elizabeth.beede@unthsc.edu</u> Funded by HRSA Grant #:1 UD7HP376380100