Training up for whole-person care: integrating addiction education in residency training

ASAM Annual Conference

April 14, 2023

Disclosure Information

- Tiffany Lu, MD MS
  - No Disclosures
- Irina (Era) Kryzhanovskaya, MD
  - No Disclosures
- Kenneth Morford, MD
  - No Disclosures
- Katherine H. Ochoa, MD
  - No Disclosures
- Hallie Rozansky, MD
  - No Disclosures
- Martha (Catherine) Trimbur, MD
  - No Disclosures

Learning Objectives

1. Describe addiction medicine training gaps and opportunities for educational innovation
2. Recognize opportunities to implement immersive training in addiction medicine that centers the patient's goals when accessing addiction care
3. Employ instructional strategies that incorporate interprofessional perspectives and engage learners in the development and implementation of addiction medicine curricula

Roadmap

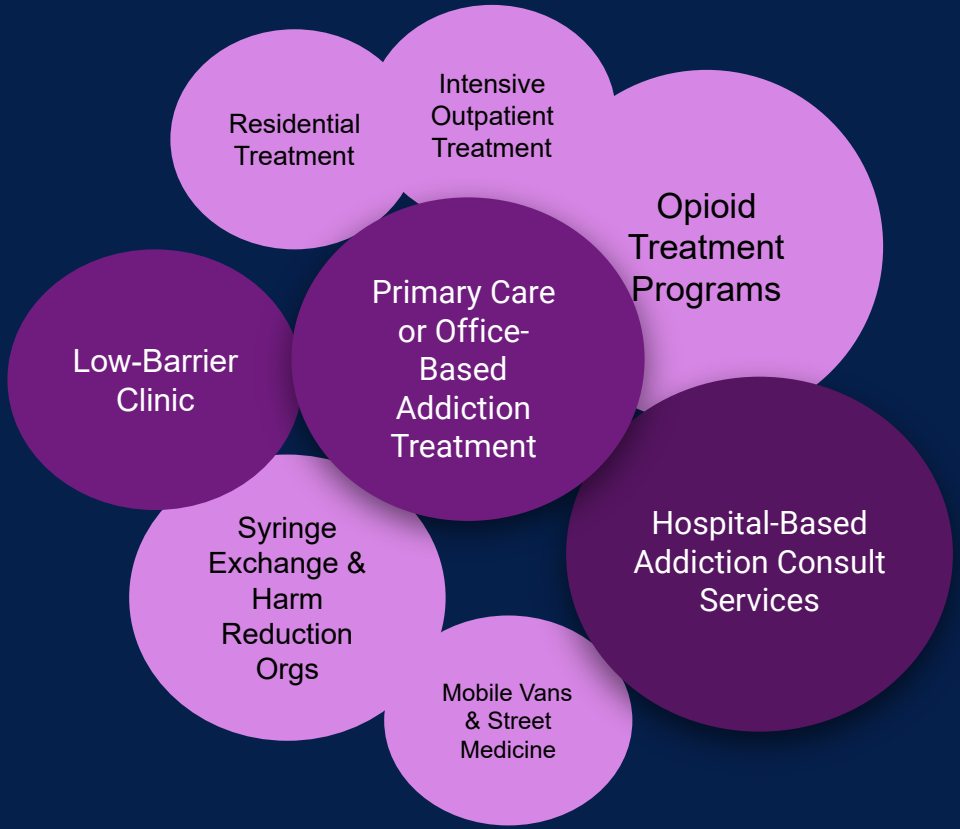
1. Review educational requirements and opportunities
2. Case studies of addiction curricula in residency programs
3. Small group breakout
    a. Discuss and complete worksheet
4. Large group report-out

The Case for Integrating Addiction Education in Residency Training

-Worsening public health crisis, persistent treatment gaps
-Shortage of addiction specialists and trained workforce

-New training requirements:
    -As of 7/2022, ACGME requires all residency programs to “provide instruction and experiences in pain management, including recognition of the signs of addiction”
    -As of 1/2023, Omnibus bill eliminates need for buprenorphine prescribing waiver and requires SUD training for all clinicians applying or renewing DEA license

Wide spectrum of addiction care settings that can offer clinical training experiences



Training Residents in Addiction Care: Key Considerations

Goal of residency training is to apply and reinforce clinical skills

Various clinical training configurations (e.g. required vs elective; rotation vs longitudinal)

Many different assessment strategies (e.g. directly observed clinical practice with feedback, observed structured clinical exams, entrustable professional activities)

Availability of clinical faculty and sites vary

Residency curriculum packed with other required activities

NEED TO ADOPT A CURRICULUM DESIGN FRAMEWORK TO OPTIMIZE TRAINING

Morford et al. (2021) "Training Medical…Residents…in OUD Treatment."

The Traditional Approach to Curriculum Development

1. Choose a topic (i.e. tobacco cessation)

2. Pick instructional methods based on the topic (i.e. lecture, readings, clinic experience)

3. Create assessment to show evidence of learning

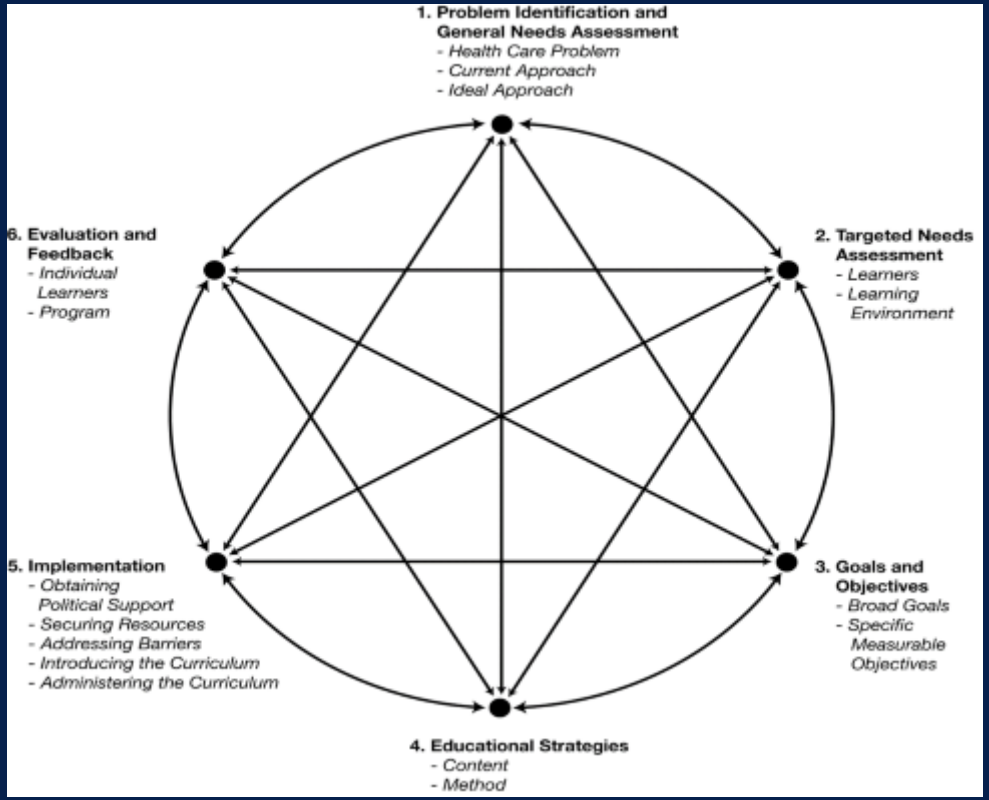
Think beyond the typical "content"-focused design!

Understanding by Design, Expanded 2nd Edition. Wiggins and McTighe.

The Kern's six-step approach

Gold standard…

but time and labor-intensive



Curriculum development for medical education; a six-step approach. 3rd edition.

Backwards Design

- Proposed in 1998 in “Understanding by Design” by Wiggins & McTighe

1. Set goals
What are the desired outcomes, or end results?

2. Plan assessments
How will you determine if learners have met these goals?

3. Create curriculum
Develop your instruction and experiences accordingly

Understanding by Design, Expanded 2nd Edition. Wiggins and McTighe.

Roadmap

1. Review educational requirements and opportunities
2. Case studies of addiction curricula in residency programs
3. Small group breakout
    a. Discuss and complete worksheet
4. Large group report-out

Case Studies

Primary Care Addiction Medicine (AM) Curriculum

Inpatient Addiction Consult Service

Outpatient Experiences in Specialty Addiction Care

Specialized Training Track in Addiction Medicine

Primary Care AM Curriculum Example

- Embedded into larger primary care internal medicine residency track curriculum at UCSF
- Eight required 40-90 minute case-based, lecture didactics focused on foundational AM topics (e.g. SBIRT, AUD, OUD, Stimulant use d/o) and revisiting each of these topics in R1-R3 year
- Elective clinical experiences at PCAM clinic, Harm Reduction site visits, OTOP, Mobile Van, Street Medicine, TSF group meetings

Primary Care AM Curriculum Example

1. **Goal:** Prepare residents to compassionately (& in evidenced-based way) screen, dx, and tx SUDs in ambulatory setting

2. Plan assessments: Case-based summative questions during didactics, review of patient cases after precepting, asking questions during precepting

3. Create curriculum: case-based didactic lectures on AUD, OUD, SBIRT. Clinical experiences with PCAM, OTOP, street medicine, harm reduction team

Case: Outpatient Experiences in Specialty Addiction Care

- Boston Medical Center Primary Care/Internal Medicine Residency
- One-week outpatient/inpatient* addiction medicine elective
- Introduces residents to MD/NP- and non-MD/NP-driven care for patients with SUD
- Sample schedule:

TIME	SITE
7:30AM-12:30PM	HCRC / Methadone Clinic
7:30-9:00AM	ECHO
8:30-10:30AM	AHOPE Needle Exchange
1:00-5:00PM	Project ASSERT

TIME	SITE
8:00AM-5:00PM	Addiction Consult Service
9:00AM-12:00PM	Rapid ACCESS
1:00-5:00PM	Roundhouse

*One day of inpatient consults

Case: Outpatient Experiences in Specialty Addiction Care

1. **Goal:** Introduce *self-selected* (primary care) residents to diverse clinical sites for SUDs care; highlight importance of interprofessional team members

3. Create curriculum: Design elective with structured experiences and self-directed learning time; introduce varied settings including low-barrier bridge clinic, OTP, harm reduction facility, recovery coaching, and residential treatment

2. Plan assessments: informal discussions about didactic topics and patient cases, direct observation by attendings and consult team

Inpatient Addiction Consult service

- University of Colorado IM residency
- Required 1-week rotation for all residents on an addiction consult service
  - Either at University Hospital or Denver Health
- Residents provide inpatient, consultative addiction care for diverse patient population
  - Typically 1:1 resident:attending ratio
- Interprofessional team that includes other trainees (fellows in AM and psych; psychiatry residents) as well as staff (linkage staff, substance treatment counselor).

Inpatient addiction consult service

1. **Goal:** Teach residents how to compassionately eval and treat SUD in the medical hospital setting

2. Plans assessments: direct observations by attending. Faculty evals.

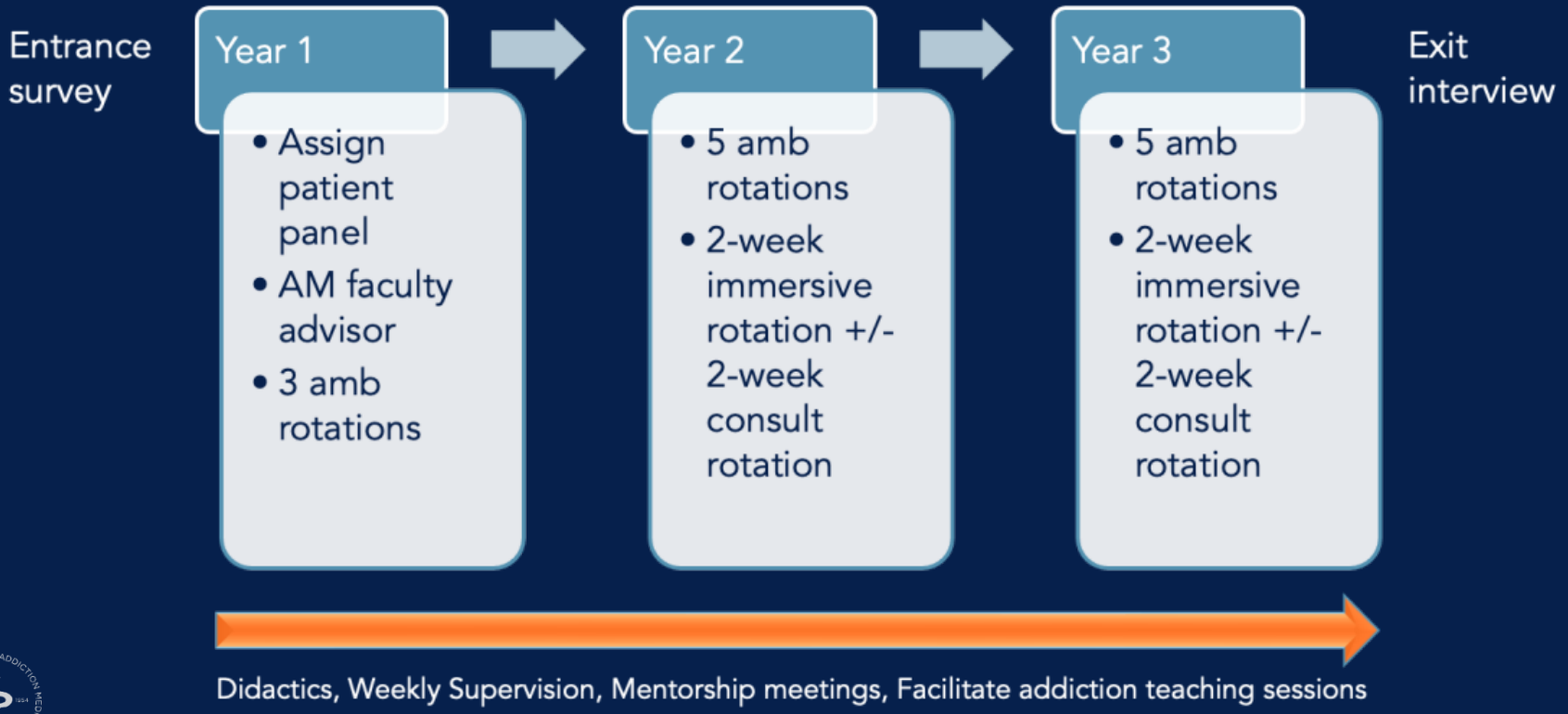
3. Create curriculum: site-dependent.

- UCH and DH have different coordinators, institutional goals and structure

Specialty AM Training Track

- 2 interns selected post-match into 3-year AM training track in Yale Primary Care Residency Program
- Ambulatory rotations: PC panel with >50% patients with SUDs; half days at OTP and PC OBAT
- Immersive interprofessional rotations: 2 weeks at OTP & other outpatient addiction sites; 2 weeks on inpatient AM consult service
- Weekly supervision with clinical psychologist to practice MI and CBT

Specialty AM Training Track



Specialty AM Training Track

1. Goal: Longitudinally care for pts with SUDs in diverse clinical settings; Apply MI/CBT; Teach addiction topics to students & peers

2. Plan assessments: Entrance survey; Direct observation & feedback via supervision and precepting; Teaching evaluations; Exit interview

3. Create curriculum: Didactics on SBIRT, MI, CBT, stigma, harm reduction, & various SUDs; Required clinical experiences at OTP, PC OBAT, Transitions clinic, OUD/chronic pain clinic, street medicine; Facilitate teaching sessions

Roadmap

1. Review educational requirements and opportunities
2. Case studies of addiction curricula in residency programs
3. Small group breakout
    a. Discuss and complete worksheet
4. Large group report-out

Small Group Discussion

Part I: Discuss your experience with addiction training. New opportunities? Pros? Cons?

Part II: Focus on one addiction training idea from within your group. Discuss and fill out worksheet using backward design framework.

Roadmap

1. Review educational requirements and opportunities
2. Case studies of addiction curricula in residency programs
3. Small group breakout
    a. Discuss and complete worksheet
4. Large group report-out

Final Takeaways/Summary

Integrating addiction education in residency training is required by ACGME and timely for public health and regulatory context

NO one size fits all

Need to apply a curricular design framework to optimize the training approach and required resources

Important to share experiences across residency programs

References

ACGME-approved focused revision: June 13, 2021; effective July 1, 2022 Editorial Revision: IV.C.2. and Background and Intent below II.A.2. updated July 1, 2022

Actions - H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023. (2022, December 29). https://www.congress.gov/bill/117th-congress/house-bill/2617/all-actions

Morford, K ..L, Faulkner C. G., and Tetrault, J. M. (2021). Training Medical Students, Residents, and Fellows in OUD Treatment. In Wakeman, S.E., Rich, J.D. (eds) Treating Opioid Use Disorder in General Medical Settings. Springer, Cham.

Thomas, P. A., Kern, D. E., Hughes, M. T., & Chen, B. Y. (2015). *Curriculum development for medical education: A six-step approach*. Johns Hopkins University Press.

Wiggins, G. and McTighe, J. (2004). Understanding by Design: Professional Development Workbook. Alexandria, VA. : Association for Supervision and Curriculum Development.