

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

ASAM Annual Conference

April 14, 2023



Disclosure Information

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◆ No Disclosures

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◆ No Disclosures

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◆ 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 across various care settings
3. Employ curricular development strategies to implement addiction medicine training

Quick Poll

1. How many of you have heard about graduate education requirements for an addiction curriculum?
2. How many have an addiction curriculum at your institution?
3. How many could share the frameworks used to create this curriculum?

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:

Effective 7/2022, **ACGME** requires ALL residency programs to “*provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder*”

The Case for Integrating Addiction Education in Residency Training

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- ◆ New training requirements:

Effective 7/2022, **ACGME** requires Internal Medicine residency programs to provide “*clinical experiences in addiction medicine*”

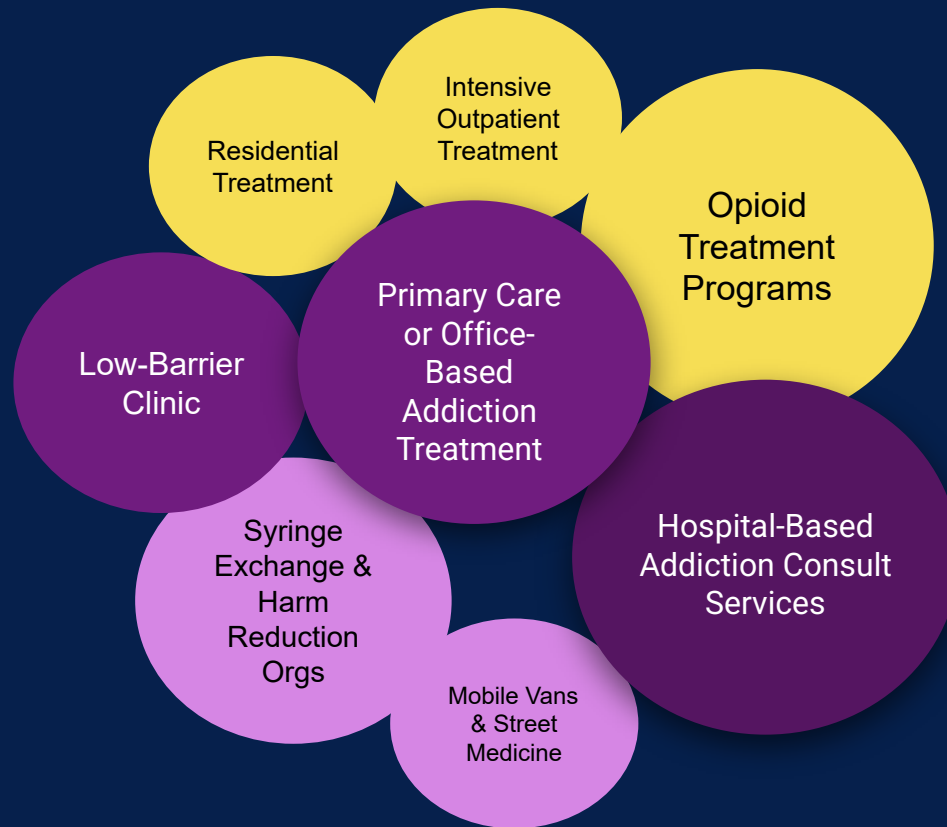
The Case for Integrating Addiction Education in Residency Training

- ◆ Worsening public health crisis, persistent treatment gaps
- ◆ Shortage of addiction specialists and trained workforce
- ◆ New training requirements:

Effective 6/2023, **Omnibus bill/MATE Act** requires ALL clinicians applying for DEA license to complete 8 hours of SUD training*

*ACGME accredited programs may provide this

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

Different clinical training configurations (eg., block vs longitudinal, inpatient vs outpatient)

Different assessment strategies (eg., direct observation with feedback, OSCE, EPA)

Availability of addiction-trained clinical faculty and sites can vary

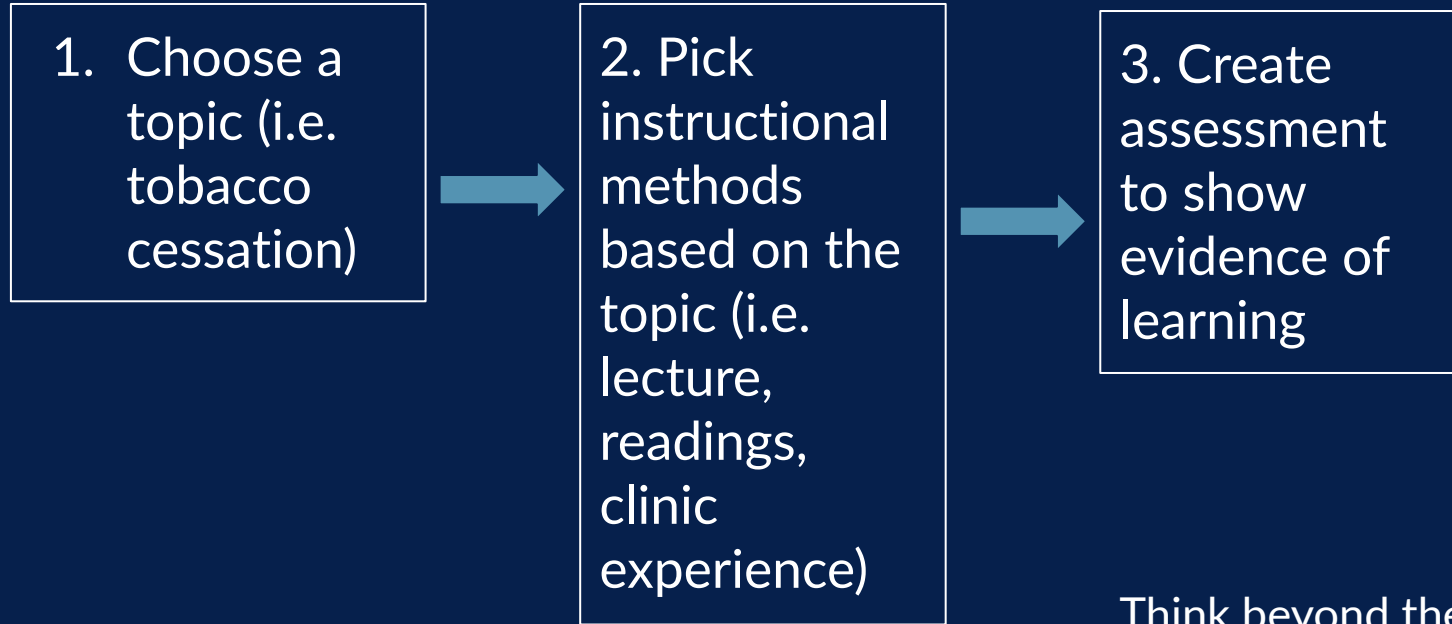
Residency curriculum already packed with many other requirements

OSCE = Observed Structured Clinical Exams

EPA = Entrustable Professional Activities

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

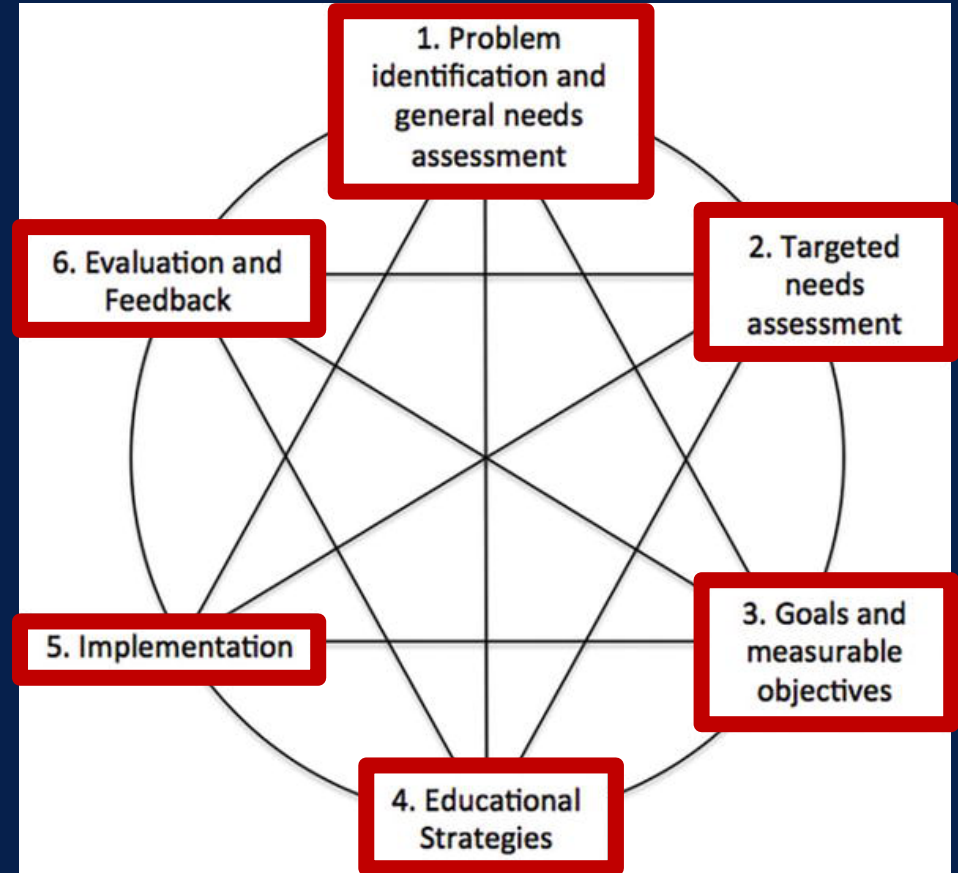
The Traditional Approach to Curriculum Development



Think beyond the typical
“content”-focused design!

Kern's six-step approach

- Gold standard
- ...but time and labor-intensive



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

Backward 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

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Case Studies

- ◆ Outpatient Experiences in Specialty Addiction Care
- ◆ Primary Care Addiction Medicine (AM) Curriculum
- ◆ Inpatient Addiction Consult Service
- ◆ Specialty Addiction Medicine (AM) Training Track

Outpatient Experiences in Specialty Addiction Care

- ◆ Boston Medical Center Primary Care/Internal Medicine Residency
- ◆ Every PC resident experiences a one-week addiction medicine elective
- ◆ Introduces MD/NP- and community-based care for patients with SUD
- ◆ Sample schedule:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----|--------|--------------|--|---------------------------|---|
| AM | OTP | Project ECHO | Syringe exchange program | Addiction consult service | Peer recovery coaching |
| PM | | | SUD residential treatment linkage program with peer navigators | | Drop-in SUD and harm reduction services |

Outpatient Experiences in Specialty Addiction Care

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

2. **Plan assessments:** Direct observation and feedback by attendings, consult team, and other staff

3. **Create curriculum:** An 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

Primary Care AM Curriculum

- ◆ 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

1. Goal: Prepare residents to compassionately (& in line w evidence) 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

Inpatient Addiction Consult Service

- University of Colorado IM residency
- Required 1-week rotation for all residents on one (of two) hospital consult services
- Typically 1:1 resident:attending ratio
- Interprofessional teams that include:
 - IM/AM/psych attendings; and AM fellows
 - Care coordinator (near-peer), LCSW, and addiction counselor

Inpatient Addiction Consult Service

1. Goal: provide a clinical experience in addiction medicine (after ACGME guideline)

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graph TD; A[1. Goal: provide a clinical experience in addiction medicine (after ACGME guideline)] --> B[2. Plan assessments: direct observations and feedback by attending.]; B --> C[3. Create curriculum: Teach residents how to compassionately eval and treat SUD in the medical hospital setting.];
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2. Plan assessments: direct observations and feedback by attending.

3. Create curriculum: Teach residents how to compassionately eval and treat SUD in the medical hospital setting

Specialty AM Training Track

- ◆ Two 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

Entrance
survey

Year 1

- Assign patient panel
- AM faculty advisor
- 3 amb rotations

Year 2

- 5 amb rotations
- 2-week immersive rotation +/- 2-week consult rotation

Year 3

- 5 amb rotations
- 2-week immersive rotation +/- 2-week consult rotation

Exit
interview



Didactics, Weekly Supervision, Mentorship meetings, Facilitate addiction teaching sessions

Specialty AM Training Track

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

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

3. Create curriculum: Didactics; Required inpt and outpt clinical experiences; Facilitate teaching sessions

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3. **Small group breakout**
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Small Group Breakout

- ◆ Break into groups of 3-4
- ◆ Follow instructions on your worksheet



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Large Group Report-Out

1. Set goals

3. Create curriculum

2. Plan assessments

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 - start somewhere!
- ◆ Applying a curricular design framework helps
- ◆ Important to share experiences across residency programs

Final Takeaways/Summary

◆ REFLECTIONS

- ◆ Tweet, text, email, write something you will take away from this workshop



Thank you!

- ◆ Questions?
- ◆ Collaborations

- ◆ Emails
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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>

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