Tell Me More: Establishing an Addiction Medicine Curriculum for Trainees

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Disclosure Information

- Divya Venkat, MD
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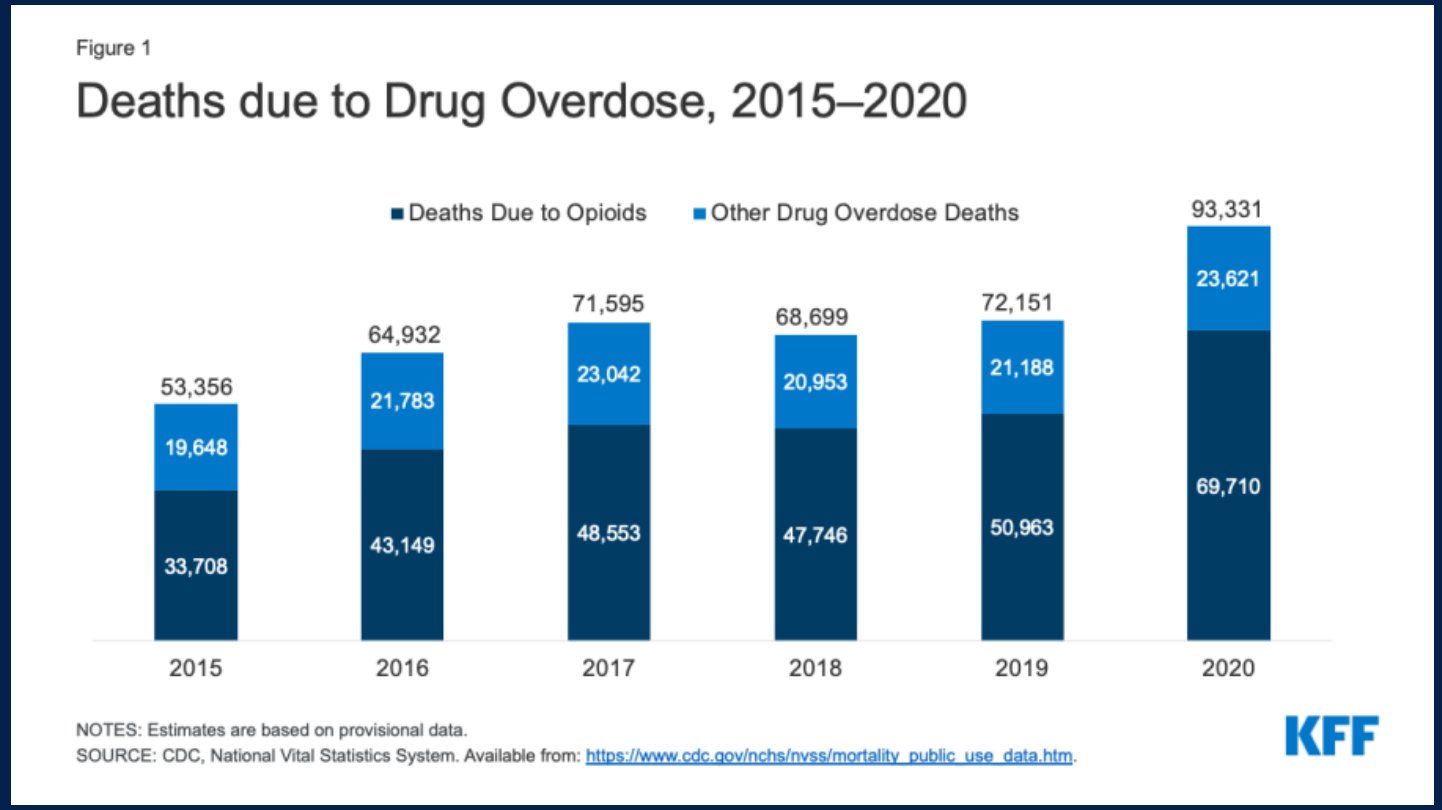
- Elizabeth Cuevas, MD
  - No disclosures/commercial interests
- Ashish Thakrar, MD
  - No disclosures/commercial interests

Learning Objectives

- Define different adult learning types and core learning principles
- List essential components of a curriculum for medical learners on pain management and substance use disorders (SUD)
- Understand the potential resources available to create a core curricula on pain and SUD

The Current State of SUD

- Rising rate of overdose deaths involving opioids and other substances



https://www.cdc/gov/nchs/mortality_public_ues_data.htm

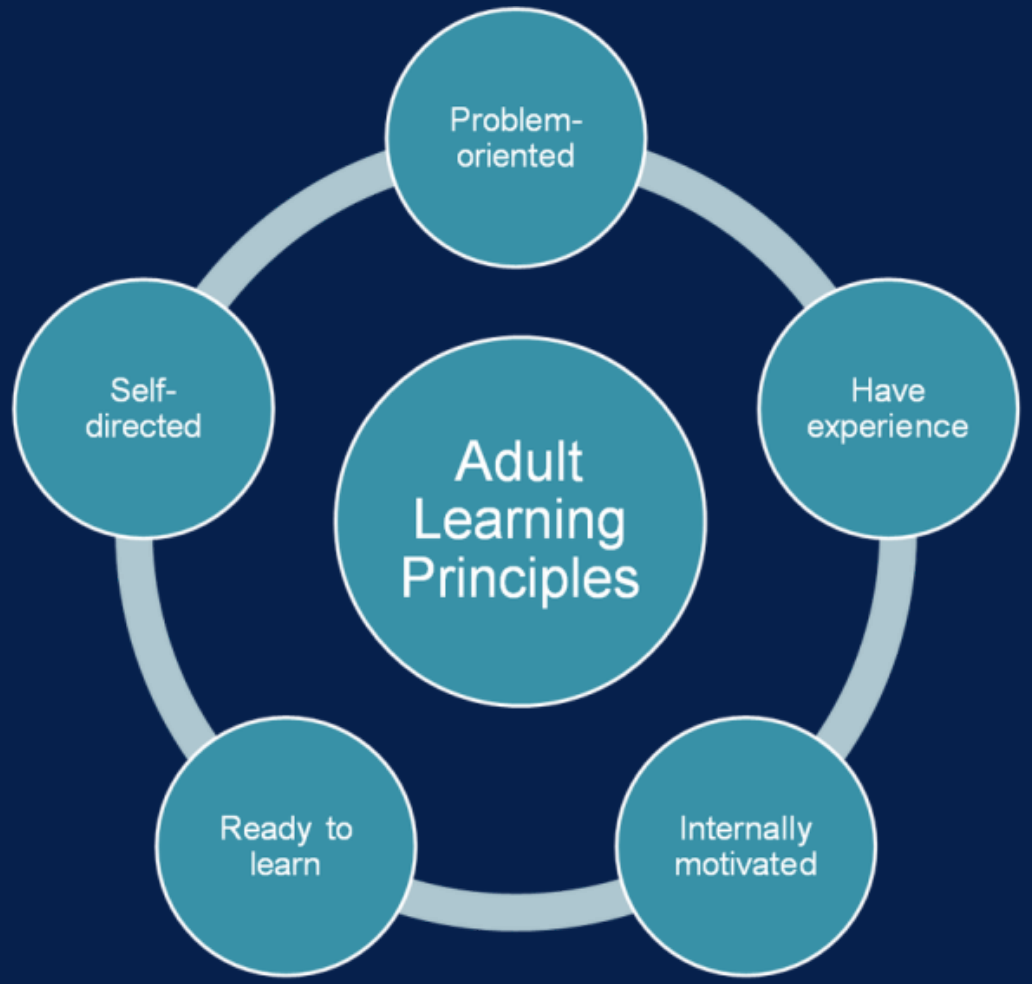
Key Concepts in Education

- Substance use disorders are **treatable conditions** with **evidence based treatments.**
- However, knowledge gaps and dissonance exist.

SUD Education Highlights

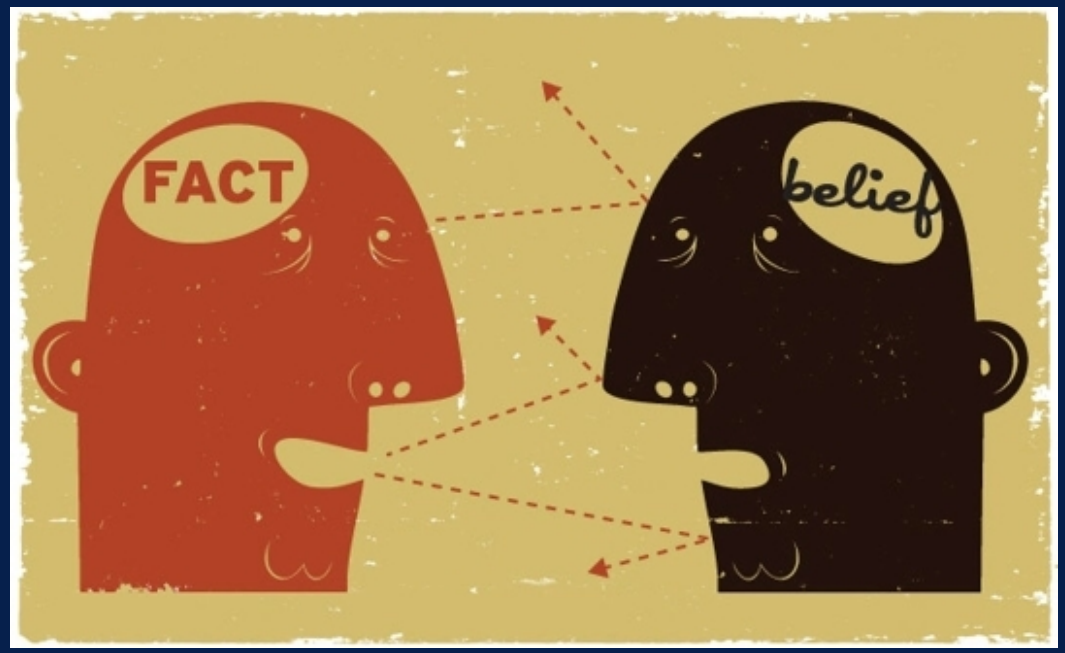
- Emphasize evidence behind disease process and treatment
- Make concepts relevant
- Consider learner abilities and perspectives

Adult Learning Theory



Dissonance

- Difference between learners' given understanding of a topic or concept and the actual nature of that concept, resulting in the realization that the learners’ knowledge is incorrect or incomplete.



Three Learning Types

- Goal Oriented
  - Education as a means to an end
- Activity Oriented
  - Gain knowledge by engaging with others
- Learning Oriented
  - More concerned with the journey

Core Learning Principles of Adults

- Reason for learning - how will it affect them?
- Autonomous and self directed
- Have a lifetime of experience
- Hands-on problem-solving approach to learning
- Desire to apply new knowledge and skills immediately
- Require respect

ACGME Common Program Requirements

- Effective July 1, 2019, the ACGME requires that all programs "provide instruction and experience in pain management *if applicable for the specialty* including recognition of the signs of addiction."
  - Common Program Requirement IV.C.2.
- Requires evidence-based educational interventions to effectively teach residents and fellows how to:
  - Prevent substance use disorder wherever possible while effectively treating pain;
  - Recognize substance use disorder in its earliest stages;
  - Function effectively in systems of care for effective pain relief and substance use disorder;
  - Use non-pharmacologic means wherever possible; and,
  - Participate in clinical trials of new non-opioid pain relief customized to the needs of the clinical disorders of the populations they serve.

https://www.acgme.org/what-we-do/initiatives/opioid-use-disorder/

The Medication Access and Treatment Expansion Act (MATE)

- As of June 27, 2023, new requirement for DEA licensure
- Total of at least 8 hours of training on opioid or other substance use disorders and the appropriate treatment of pain.
- Exempt:
  - Physicians who are board-certified in addiction medicine or addiction psychiatry.
  - Practitioners who have graduated from their professional school within 5 years of June 27, 2023 or 5 years of their license renewal following June 27, 2023, and completed a curriculum that included at least eight hours of coursework regarding SUD during that time.
  - Practitioners who previously took training to meet the requirements of the DATA-2000 waiver to prescribe buprenorphine can count this training towards the 8-hour training requirements.

https://accme.org/mate-act

MATE Curricular Components

- Learner competence (knows how, can apply knowledge to a scenario)
- Learner performance (shows, can demonstrate a change in practice or processes)
- Patient health (does, can show how patients have responded to a change)
- Community or population health (does, can show how groups of people have responded)

https://accme.org/mate-act

GME Stakeholders Congress on Preparing Residents and Fellows to Manage Pain and Substance Use Disorder

- March 2021: 130 physicians and ACGME Leadership; 10 Specialists included
- 3 Key Elements were identified:
  1. Pain Management
  2. Communication
  3. Treatment for SUD

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8527948/pdf/i1949-8357-13-5-739.pdf

Pain Management

- Multi-modal approaches to pain
- Non-opioid and non-pharmacologic treatment of acute and chronic pain
- Pharmacology of both opioid and non-opioid pain medications
- Safe opioid prescribing and management of opioid analgesics, including opioid selection, dosage and duration, and tapering
- Proper assessment of pain

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8527948/pdf/i1949-8357-13-5-739.pdf

Communication

- Value of interprofessional and interdisciplinary approaches to pain management
- Communicating effectively with team members and how to manage handoffs
- Communicating with patients about use of opioids, potential risks and realistic benefits of opioids and non-opioid or non-pharmacologic treatment methods for pain, setting reasonable goals for pain, function, and quality of life, and communicating with the patient's care team
- How to listen and talk to patients about pain and pain management
- Motivational interviewing
- Identifying and eliminating stigma, stereotypes, and bias that foster discrimination against and interfere with appropriate treatment for those with SUDs
- Identifying and eliminating use of stigmatized language regarding pain and SUD

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8527948/pdf/i1949-8357-13-5-739.pdf

Treatment for Substance Use Disorder

- Assessment of individual patient risk for developing a SUD or substance use-related harms
- Recognition of SUD and signs of addiction
- Understanding of SUDs as brain disorders and not moral failings
- Use of medications to treat OUD
- Where to refer patients for treatment
- Exposure to patients undergoing successful treatment for SUD
- Harm reduction

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8527948/pdf/i1949-8357-13-5-739.pdf

Specialty-Specific Curricular Elements

- Approaches to help patients respond to and deal with despair, given that opioid overdose can be a death of despair
- Instruction in stigma and bias
- Preoperative counseling to address patient expectations and concerns
- How to work with families in which there is an OUD or SUD
- Perioperative and postoperative pain protocols
- Fundamentals of palliative care
- The laws and regulations regarding opioid prescribing & Social determinants of health as they relate to chronic pain

Small Group Breakout

Discuss and Identify

1. What are three core elements you would include in a curriculum for substance use disorders?
2. Describe one learning objective to capture pain management, treatment or communication in substance use disorders.
3. What resources do you need to make the above happen? What resources do you have?

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Essential Components of Curriculum

- Focus on evidence-based treatment
  - Core knowledge for all residents
- "Key Elements" identified by GME Stakeholders Congress:
  - Communication – handoffs, documentation, stigma, language
  - Treatment – medication basics, harm reduction

Communication

- Communicating effectively with team members and how to manage handoffs
  - Anticipatory guidance re: withdrawal treatment, pain control
  - Communication with other specialties
    - Best practices + guidelines in addiction med, just as in other specialties
- Identifying and eliminating stigma, stereotypes, and bias that foster discrimination against and interfere with appropriate treatment for those with SUDs
- Patient-centered documentation and language

Stigma and Addiction

- **Stigma** = discrimination against an identifiable group of people, a place, or a nation
- Stigmatizing views of people with SUD are common
  - May include inaccurate or unfounded thoughts
  - May stem from belief that addiction is a moral failing, instead of a chronic, treatable disease
- Consequences!
  - Patients avoid treatment
  - Others react negatively toward people with an SUD
  - Language can negatively influence health care provider perceptions → may impact care provided

https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Stigma and Addiction

- How can we change stigmatizing behavior?
  - Use language that:
    - Reflects an accurate, science-based understanding of SUD
    - Is consistent with your professional role
  - Learn terms to use vs avoid
    - Remove language that equates people to their condition/ has negative connotations
    - Use person-first language
    - Ask patients to choose how they are described

https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Neutral language chart note	Stigmatizing language chart note
Section 1	
Mr. R is a 28-year old man with sickle cell disease and chronic left hip osteomyelitis who comes to the ED with 10/10 pain in his arms and legs. He has about 8–10 pain crises per year, for which he typically requires opioid pain medication in the ED. At home, he takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he has taken 2 tabs every 4–6 hours. About 3 months ago, he moved to a new apartment and now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.	Mr. R is a 28-year old sickle cell patient with chronic left hip osteomyelitis who comes to the ED stating he has 10/10 pain "all up in my arms and legs." He is narcotic dependent and in our ED frequently. At home he reportedly takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he says that he has taken 2 tabs every 4–6 hours. About 3 months ago, patient states that the housing authority moved him to a new neighborhood and he now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.
He spent yesterday a	Yesterday afternoon, he was hanging out with friends outside McDonald's where
than usual, which ca	ue to the heat. He
along with recent str	ipitated his
quality, severe (10/1	t been helped by
regimen.	
On physical exam, he is in obvious distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal other than tenderness to palpation on the left hip.	d his pulse ox is 96% on RA. The rest of the physical exam is normal although he reports tenderness to palpation on the left hip.
Section 2	
After 1 hour, the nurse documents:	
Mr. R is sleeping but easily arousable and seems distressed. He is not tolerating the oxygen mask and still has 10/10 pain. His girlfriend is by his side but will	Mr. R is sleeping but easily arousable and has been cussing at nurse. He refuses to wear his oxygen mask and is insisting that his pain is "still a 10." His girlfriend is

Comfort in Dosing Pain Medication

In respondents exposed to the neutral language chart note, comfort in dosing pain medication correlated with more aggressive pain management (coefficient 0.09, $p = 0.04$); however, this correlation was not present in respondents who read the stigmatizing language chart note (coefficient 0.03, $p = 0.50$).

Patient-Centered Documentation

- Randomized vignette study of two chart notes employing stigmatizing versus neutral language to describe the same hypothetical patient, a 28-year-old man with sickle cell disease.
  - Attitudes towards the hypothetical patient using the previously validated Positive Attitudes towards Sickle Cell Patients Scale (range 7–35) and pain management decisions (residents only) using two multiple-choice questions (composite range 2–7 representing intensity of pain treatment).
  - Exposure to the stigmatizing language note was associated with more negative attitudes towards the patient (20.6 stigmatizing vs. 25.6 neutral, $p < 0.001$).
  - Reading the stigmatizing language note was associated with less aggressive management of the patient's pain (5.56 stigmatizing vs. 6.22 neutral, $p = 0.003$).

Goddu A, O'Conor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, Haywood C Jr, Beach MC. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J Gen Intern Med. 2018 May;33(5):685-691. doi: 10.1007/s11606-017-4289-2. Epub 2018 Jan 26. Erratum in: J Gen Intern Med. 2019 Jan;34(1):164.

Int J Drug Policy. 2010 May;21(3):202-7. doi: 10.1016/j.drugpo.2009.10.010. Epub 2009 Dec 14.

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms

John F Kelly [1], Cassandra M Westerhoff

- Randomized, between-subjects, cross-sectional design
- Participants read a vignette containing one of the two terms and rated their agreement with a number of related statements
- Findings: Compared to those in the "substance use disorder" condition, those in the "substance abuser" condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken

Motivational Interviewing

- Motivation = essential to promoting change (SAMHSA, 2021)
- Goals: express empathy + elicit clients' reasons for, and commitment to, changing substance use and other behaviors (SAMHSA, 2021; Miller & Rollnick, 2013)
- Reflecting clients' hopes and values in contrast to negative effects of substance use (SAMHSA, 2021)

Editorial > J Subst Abuse Treat. 2016 Jun;65:1-5. doi: 10.1016/j.jsat.2016.02.003. Epub 2016 Feb 15.

Motivational Interviewing for Substance Use: Mapping Out the Next Generation of Research

Michael B Madson [1], Julie A Schumacher [2], John S Baer [3], Steve Martino [4]

Affiliations + expand

PMID: 26971078

DOI: 10.1016/j.jsat.2016.02.003

Motivational Interviewing

Review > Patient Educ Couns. 2013 Nov;93(2):157-68.

doi: 10.1016/j.pec.2013.07.012. Epub 2013 Aug 1.

Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials

Brad Lundahl [1], Teena Moleni, Brian L Burke, Robert Butters, Derrik Tollefson, Christopher Butler, Stephen Rollnick

Addiction Medicine for All Learners

- Core knowledge all residents should have, so…
  - How do we engage all learners?
    - Specialty-specific considerations
      - Surgical specialties, anesthesiology – perioperative management, pain management
      - Pediatrics – neonatal abstinence syndrome
      - Emergency medicine – overdose + harm reduction education
    - Learner response
      - Low engagement – assess knowledge base, preferred teaching style, bias
- Focus on evidence-based treatment

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Treatment

What is evidence-based addiction treatment?

Medications	Harm reduction	Psychosocial interventions	Withdrawal Management
• Methadone, buprenorphine, and XR-NTX for OUD • Naltrexone, acamprosate, and other medications for AUD • Emerging treatments for stimulant use disorders	• Naloxone distribution • Sterile syringes, needles, works • Drug testing • Pre-exposure Prophylaxis (PrEP) • HCV/HIV care	• Motivational interviewing • CBT • Relapse prevention education • Intensive outpatient programs • Mutual help meetings	• Pharmacologic and non-pharmacologic treatment of withdrawal and pain

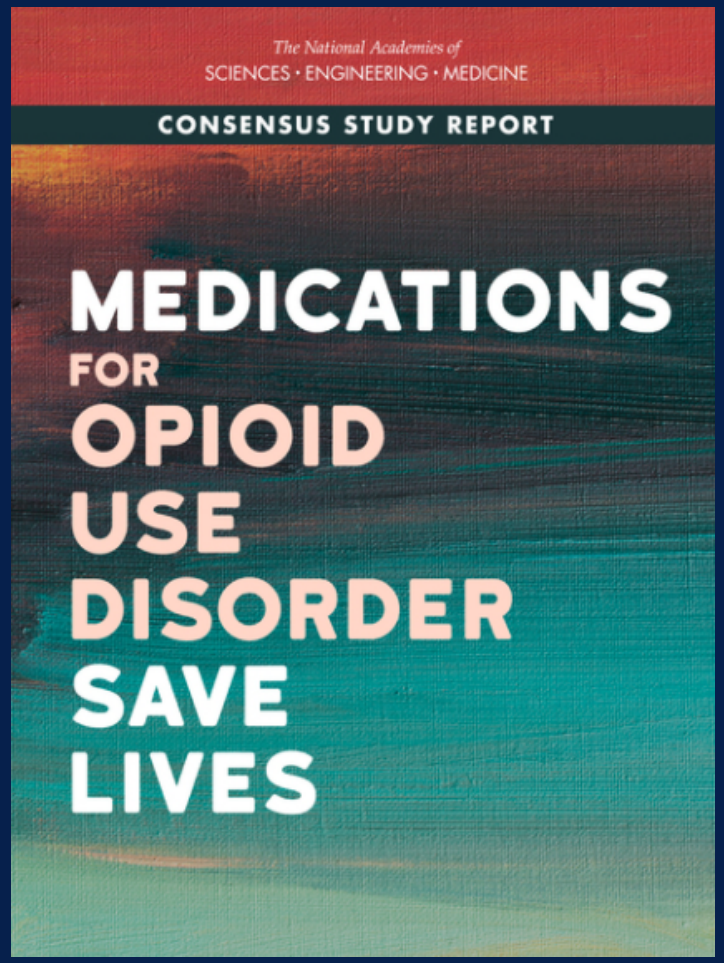
Rastegar D and Fingerhood M. The American Society of Addiction Medicine Handbook of Addiction Medicine (2016)
Wakeman S. *Diagnosis and Treatment of Substance Use Disorders*, in "Pocket Primary Care" 2nd Ed (2018)

Treatment: Medications

1. Medications for opioid use disorder

- Specific medications: methadone, buprenorphine, and XR-NTX
- Evidence for efficacy
- Pharmacology & dosing
- Side effects and length of treatment
- Regulatory issues & access

2. Medications for alcohol use disorder and other SUDs



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Treatment: Withdrawal & Pain

- Withdrawal management
  - Alcohol withdrawal diagnosis & management with symptom-triggered benzodiazepines
  - Opioid withdrawal diagnosis & management with methadone, buprenorphine, and non-opioid adjuvants (alpha$_2$-agonists, ondansetron, etc.)
  - Recognition & diagnosis of other withdrawal syndromes: benzodiazepines, stimulants, and others
- Pain management with co-occurring SUD

Rastegar D and Fingerhood M. The American Society of Addiction Medicine Handbook of Addiction Medicine (2016)
Wakeman S. *Diagnosis and Treatment of Substance Use Disorders*, in "Pocket Primary Care" 2nd Ed (2018)

Treatment: Harm Reduction

- Harm reduction & the risk of substance use-related harms
  - Naloxone co-prescribing
  - Compassionate approach to ongoing substance use
  - Guidance on safer use: don't use alone, go slow, safer injection practices
  - Provision of sterile syringes and fentanyl test strips

Treatment: Psychosocial Interventions

- Individual or group talk therapy
  - Cognitive behavioral therapy and other evidence-based practices
  - Motivational interviewing
  - Relapse prevention
- Intensive outpatient programs
- Residential treatment programs
- Mutual help meetings

Image credit: Recipes for Wellbeing

Rastegar D and Fingerhood M. The American Society of Addiction Medicine Handbook of Addiction Medicine (2016)
Wakeman S. *Diagnosis and Treatment of Substance Use Disorders*, in "Pocket Primary Care" 2nd Ed (2018)

Treatment

- Exposure to individuals in successful treatment for SUD

Essential Components of Curriculum

- Evidence-based treatment
  - Basics of meds
  - Psychosocial aspect
  - Harm reduction
- Stigma awareness
  - Patient-centered documentation and language
  - NIDA- Words Matter toolkit

Large Group Discussion: Various Learner Types

- How would you deal with:
  - Reluctant learner?
  - Frustrated learner?
  - Biased learner?

Final Takeaways/Summary

- The field of Addiction Medicine is an evolving one and becoming increasingly important topic to cover in medical education.
  - ACGME is requiring instruction in AM but with little guidance or specific recommendations
- Creating a robust and impactful curriculum includes implementing evidence-based information.
- Successful curricula takes learner-types into consideration and tailors the education to those learning types.

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Online Resources

1. CDC Clinical Practice Guide to Prescribing Opioids for Pain CDC's Clinical Practice Guideline for Prescribing Opioids for Pain | Guidelines | Healthcare Professionals | Opioids | CDC
2. GME Stakeholders Congress on Preparing Residents and Fellows to Manage Pain and Substance Use Disorder https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8527948/pdf/i1949-8357-13-5-739.pdf
3. NIDA Words Matter: Words Matter: Preferred Language for Talking About Addiction | National Institute on Drug Abuse (NIDA) (nih.gov)