

Substance Use Disorders Curriculum

Overall Goal:

The overarching goal of this project is to enhance individual and community health by improving the identification and management of risky substance use and SUD in general medical health care settings. We will accomplish this by equipping IM and MP residents, who are at the forefront of care for many individuals making contact with the health care system, with the knowledge and skills to perform SBIRT in the context of a broader overall curriculum in SUD.

Educational Purpose and Goals

We aim to impact residents' knowledge, behavior and attitudes towards substance use among their patients, focusing on universal screening and evidence-based practices for early intervention. Additionally, we will encourage referrals to specialized treatment programs where appropriate, and will develop mechanisms to facilitate such referrals. Moreover, residents will become comfortable treating opioid addiction with Suboxone in the primary care setting.

Patient Care

1. The resident will be able to conduct a patient-centered history to obtain the overarching, personal dimensions of the patient's addiction problem and its context
2. Demonstrate proficiency in using validated instruments to screen for risky substance use and/or SUD in medical patients.
3. Become familiar with eliciting DSM-IV criteria through patient interview to make substance abuse or dependence diagnoses and apply the criteria appropriately.
4. The resident will be able to perform a relevant physical examination and identify evidence, for example, of cirrhosis of the liver, withdrawal manifestations, and organic mental symptoms.
5. The resident will be able to succinctly summarize and synthesize in the patient's chart the biopsychosocial aspects of the patient's addiction problem.
6. The resident will be able to articulate what stage of change the patient now exhibits.
7. The resident will be able to identify a management plan based on the patient's current stage of change
8. The residents will become familiar with the spectrum of pharmacologic agents used in the treatment of substance use disorders and factors to be considered in their prescription. Examples of such agents include agonist treatments such as Suboxone in the treatment of opioid dependent patients, naltrexone for the treatment of opioid dependence, or alcohol dependence, acamprosate, and disulfiram as other approaches for alcohol dependence, and varenicline for nicotine dependence.
9. Residents will gain a global view of addictive disorders as representing chronic dynamic, medical conditions which are treatable, but require ongoing monitoring and variable degrees of intervention over the course of the disorder.

Medical Knowledge

1. Describe appropriate pharmacotherapy for alcohol dependence, opioid dependence, cocaine, and tobacco dependence.
2. Learn DSM-IV criteria for substance use disorders

3. Be able to describe the medical consequences of tobacco use, alcohol use, illicit drug use, and prescription drug misuse.
4. Be able to describe the chronic disease model of SUD, know the success rates of the various modes of SUD treatment, and how these compare to success rates of treatment for other chronic diseases.
5. Be able to describe supportive confrontation and motivational interviewing and how it may be used in clinical practice

Interpersonal and Communication Skills

1. The resident will be able to integrate patient-centered and doctor-centered communication skills to produce a biopsychosocial understanding of the patient's addiction problem.
2. The resident will be able to use similar skills in relating effectively to other team members in the addiction units.
3. The resident will be able to communicate a sense of hope and optimism for the benefits of treatment to patients with addictive disorders. .

Professionalism

1. In sometimes difficult patients with addiction problems, the resident will be able to always exhibit respect, understanding of the patient's vantage point, acknowledge the patient's plight, and find something praiseworthy about the patient.
2. The resident will be able to become the patient's ally, provide support and counsel in a primary care setting, and provide information and other resources needed by the patient.
3. The resident will be able to be sensitive to cultural, disability, lifestyle, and gender differences in addiction medicine patients.
4. The resident will be able to articulate, understand, and practice in a way consistent with ethically sound, patient-centered practices.

Practice Based Learning and Improvement

1. The resident will be able to critically appraise the literature and apply this with the patient.
2. The resident will be able to make self-assessments of his/her impact with addiction patients, and they will be able to identify their own attitudes and emotions that might interfere with high quality care.
3. The resident will be able to teach other residents and students the basic issues outlined here about addiction medicine.

Systems Based Practice

1. The resident will be able to recognize and address the systems aspect of the addiction patient's problems in their biological, psychological, and social complexity.
2. The resident will be able to refer to addiction specialists when appropriate.
3. The resident will be able to recognize the cost impact of addiction problems as well as to conduct cost-effective care for these patients.

4. The resident will be able to appropriately involve families and significant others in the patient's care and decision-making.

The resident will be able to help patients identify resources in the community often needed and used by patients with addictive disorder.

Needs Assessment:

National:

- Substance use disorders (SUD) are a major public health concern in the United States (U.S.). In 2006, 22.6 million persons in the U.S. (9.2% of the adult population) were categorized as having substance abuse or dependence in the past year.
- Across specialties among residency training programs, there is limited training in the identification and management of SUD.

Local:

- Thirty percent of all admissions to drug treatment in Maryland reported heroin as primary drug of abuse, compared with 14% nationwide.
- In fiscal year 2006, ten thousand Baltimore City residents were admitted for heroin treatment, and each year over two hundred Baltimore residents die from overdose involving heroin or other narcotics.
- The IM residents themselves recognize this gap in their training. In a recent exit survey of graduating senior residents from the Johns Hopkins Internal Medicine program, residents expressed frustration with the high prevalence of drug and alcohol use among their patients, and a sense of powerlessness and futility in treating patients with SUD (Personal communication).
- Lack skills in early identification of risky substance use and in evidence-based interventions that they can perform.

Specific goals (example objectives for Goal 4):

GOAL 1: Residents will become proficient in identifying substance use among their patients and diagnosing SUD.

GOAL 2: Residents will become proficient in managing substance use among their patients, including, universal screening, and when appropriate, brief intervention, and referral to specialized treatment.

GOAL 3: Residents will become proficient in pharmacotherapy for and relating to SUD.

GOAL 4: Residents will view the screening and appropriate treatment and referral of patients with SUD as important components of medical care.

Objectives:

By the end of this residency curriculum in substance use disorders, each resident will:

1. Rate screening and the appropriate treatment and referral of patients with SUD as important on a survey of attitudes regarding substance use and dependence.
2. Be able to describe the medical consequences of alcohol use, illicit drug use, and prescription drug misuse.
3. Attend at least one Narcotics Anonymous or Alcoholics Anonymous meeting and participate in a reflective group exercise.
4. Visit and interview recovering patients on site in an on-site interdisciplinary substance use treatment program
5. Be able to describe the chronic disease model of SUD, know the success rates of the various modes of treatment SUD, and how these compare to success rates of treatment for other chronic diseases.

Implementation:

1. A series of resident conferences in substance use disorders
 - a. Faculty will provide didactics in alcohol use disorders, including screening and brief intervention, opioid use disorders, including prescription drug misuse, and tobacco use disorders.
2. Required internet learning modules
 - a. Sublingual buprenorphine online training modules: <http://www.buppractice.com/>
 - b. Addiction: Illicit and Prescription Drugs
 - c. Alcoholism and Unhealthy Alcohol Use
 - d. Smoking

3. Development and maintenance of an online module in SBIRT for trainees and practicing clinicians in the community.
4. Mini-CEX tool for SBIRT will be utilized
5. Mentored experience in the residents' clinical settings with observation and feedback by trained faculty members.
 - a. 2 weeks rotating through the Comprehensive Care Practice (CCP)
 - b. Chemical Dependence Unit, an inpatient detoxification unit
 - c. Drop-in center offering outreach and buprenorphine treatment in the community
 - d. Opportunity to attend 1-2 twelve step meetings.
 - e. 1 week at Mountain Manor, an adolescent SUD treatment facility
 - f. 1 week elective. Electives include clinical electives in an opioid treatment program, the Center for Addiction and Pregnancy, addiction research electives, and a public health elective at Baltimore Substance Abuse Systems.

Learner evaluation:

- Clinical evaluation by faculty
- Standardized patient or OSCE
- Pre and Post-test knowledge assessments

Outcome Evaluation:

- Pre- and Post-intervention assessment.
- Internet Learning Center
- Standardized patient or OSCE
- Learner Satisfaction
- Residency Program Satisfaction
- Post-residency assessment