

Educating Future Physicians on Substance Abuse and Pain Management

January 2016

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Opioid dependence has devastated communities across the country, and it will take a collective effort across multiple sectors to stem the tide of opioid misuse and substance abuse. Through their tripartite mission of education, research, and clinical care, medical schools and teaching hospitals are actively responding to this public health crisis and preparing the next generation of health care professionals to address the epidemic. By working with their communities and enhancing content on substance abuse and pain management in both classroom and hands-on experiences, these institutions are integrating learning opportunities throughout medical education. Additionally, as leaders in groundbreaking medical research and lifesaving clinical care, medical schools and teaching hospitals are advancing efforts to prevent, identify, and treat substance abuse.

Partnerships with the Public and Private Sectors

In October 2015, the Association of American Medical Colleges (AAMC) joined the Administration and a number of partners to implement new efforts to address the substance abuse epidemic. The AAMC has committed to sharing “professional guidance and best practices to better educate the next generation of health care workers on opioid misuse and substance use disorders.”

In *West Virginia*, where the leading cause of death is drug overdose, the deans of West Virginia’s two medical schools, Marshall University and West Virginia University, participated in a town hall with President Obama and community leaders, law enforcement, and other health care professionals to discuss the impact of substance abuse and announce new efforts to address such issues. The challenges in West Virginia resemble those of many communities across the country. Through this partnership, the AAMC will continue to highlight the work of medical educators nationwide to combat this epidemic.

Integrating Content throughout Medical Education

Each medical school tailors its curriculum within the framework required by the Liaison Committee on Medical Education (LCME), which is the accrediting body for medical education programs. This dynamic structure ensures consistent baseline standards among all medical schools, while allowing each program to tailor education to the individual needs of their communities and the populations they serve. Medical school faculty introduce substance abuse or pain management subjects in pre-clinical coursework, then reinforce content through multiple instructional methods as students advance through medical school. According to the LCME’s 2014-2015 Annual Medical School Questionnaire:

- 136 of 141 medical schools with students enrolled reported that content on “substance abuse” was included in required course(s); 136 teach in pre-clerkship course(s), and 129 teach in one or more required clerkship(s); and
- Similarly, 136 schools reported including content on “pain management,” with 130 in pre-clinical courses, and 131 in clerkships.

In response to the crisis in their communities, institutions are enhancing existing coursework in innovative ways. While students are exposed to this material through multiple modalities in medical school, to be maximally effective, such experiences must also be reinforced throughout the continuum of medical education. As illustrated in the following examples, training programs are also emphasizing this issue in residency training, clinical experiences, and continuing education for practicing physicians.

Medical Schools & Teaching Hospitals Are Responding to Their Communities' Needs in Multiple Ways

Medical schools and teaching hospitals across the nation are committed to continuously reviewing and refining their curricula to address the most-pressing health care needs of their communities.

Integrating content throughout undergraduate medical education

- The four *Massachusetts* medical schools – University of Massachusetts, Boston University, Harvard University, and Tufts University – recognized the toll of substance abuse in their communities, and identified ten core competencies to further educate their students in the prevention, identification, and treatment of substance use disorders.
- Similarly, a working group of all of *Michigan's* medical schools worked with a state advisory committee to develop model curriculum for teaching pain management to health professions students.
- At Duke University School of Medicine (*North Carolina*), substance use disorder (SUD) education is incorporated throughout the first year's basic science curriculum. Students are exposed to SUD clinical cases during their first and second year (first clinical year) through case-based learning exercises, online simulations, and standardized patients. During their second-year psychiatry clerkship, students are enrolled into a formal, interprofessional SUD course which incorporates elements including neurobiology, pharmacology, motivational interviewing, and cultural competency. Students also are required to attend an Alcoholics Anonymous or Narcotics Anonymous meeting and reflect on their experience, as well as to counsel one patient with a SUD, using motivational interviewing skills.

Reinforcing content in graduate medical education (residency training) and clinical care

- In University of Louisville's (*Kentucky*) Internal Medicine training program, residents use a Controlled Substance Guideline (also the topic of lectures and pre-clinical conferences) as opiate prescriptions are discussed with patients in the continuity clinic. The Anesthesia Pain Fellowship added a required rotation in Addiction; Psychiatry added an elective on Substance Abuse; and Psychiatry Addiction fellows are evaluating heroin use and access to buprenorphine and are part of a statewide committee developing policies for addiction treatment. U of L also is working with its VA affiliate on an Opioid Safety Initiative for both practicing primary care physicians and trainees, including small group discussions, difficult patient conversations, and motivational interviewing.
- The Family Medicine residency program at Michigan State University (MSU) College of Human Medicine addressed this issue through a year-long quality improvement project. MSU overhauled its process of managing chronic pain to a systemized approach, including informed consent for opioid treatment, mandatory periodic visits, screening for risk initially, and screening for depression at each visit. They also have introduced a multidisciplinary team to assist in treatment and have started a process of internal peer review for all patients above a predefined threshold of morphine equivalents a day; residents are involved in this process. MSU also conducts seminars on the latest methods of treating chronic pain and requires all providers to complete the Boston University Scope of Pain Education Course. The residency program's process has been the catalyst for implementing similar processes in other primary care offices in the health system.
- Two years ago, Beaumont Health (*Michigan*) developed a year-long education program for all residents in their health system, with faculty across seven disciplines. It involves various perspectives on the assessment and treatment of acute and chronic pain. Residents attend monthly presentations involving lectures, experiential exercises and faculty-resident discussions on the assessment and treatment of acute and chronic pain. Recently, they launched the Beaumont Health Chronic Pain Consortium (BHCPC) across the 8-hospital system (residents are encouraged to participate). BHCPC is studying and implementing evidence-based models of care for pediatric, adult, and geriatric patients across multiple settings (e.g., primary and specialty care, interdisciplinary pain programs, home health, inpatient hospitalizations, emergency room triage, assisted living, sub-acute care, skilled nursing, and elective surgery). The BHCPC is also sponsoring development of an Addiction Medicine program to be integrated into all chronic pain care algorithms. Medical students, residents, fellows, and practicing physicians participate in the measurement, planning, and educational phases of the program sponsored by BHCPC.
- Indiana University requires residents training in Medicine, Pediatrics, Family Medicine, Emergency Medicine, and Psychiatry to participate in Screening, Brief Intervention and Referral to Treatment (SBIRT) training (SAMHSA has funded several SBIRT grants and cooperative agreements nationwide); develop motivational interviewing and communication skills; and integrative approaches to pain management.

Promoting learning over the professional lifespan through continuing education

- The Continuing Medical Education (CME) Office at University of Utah School of Medicine has developed a course on appropriate opioid prescribing practices. The course is aligned with state licensure requirements for all prescribing practitioners, including residents, fellows, and faculty.