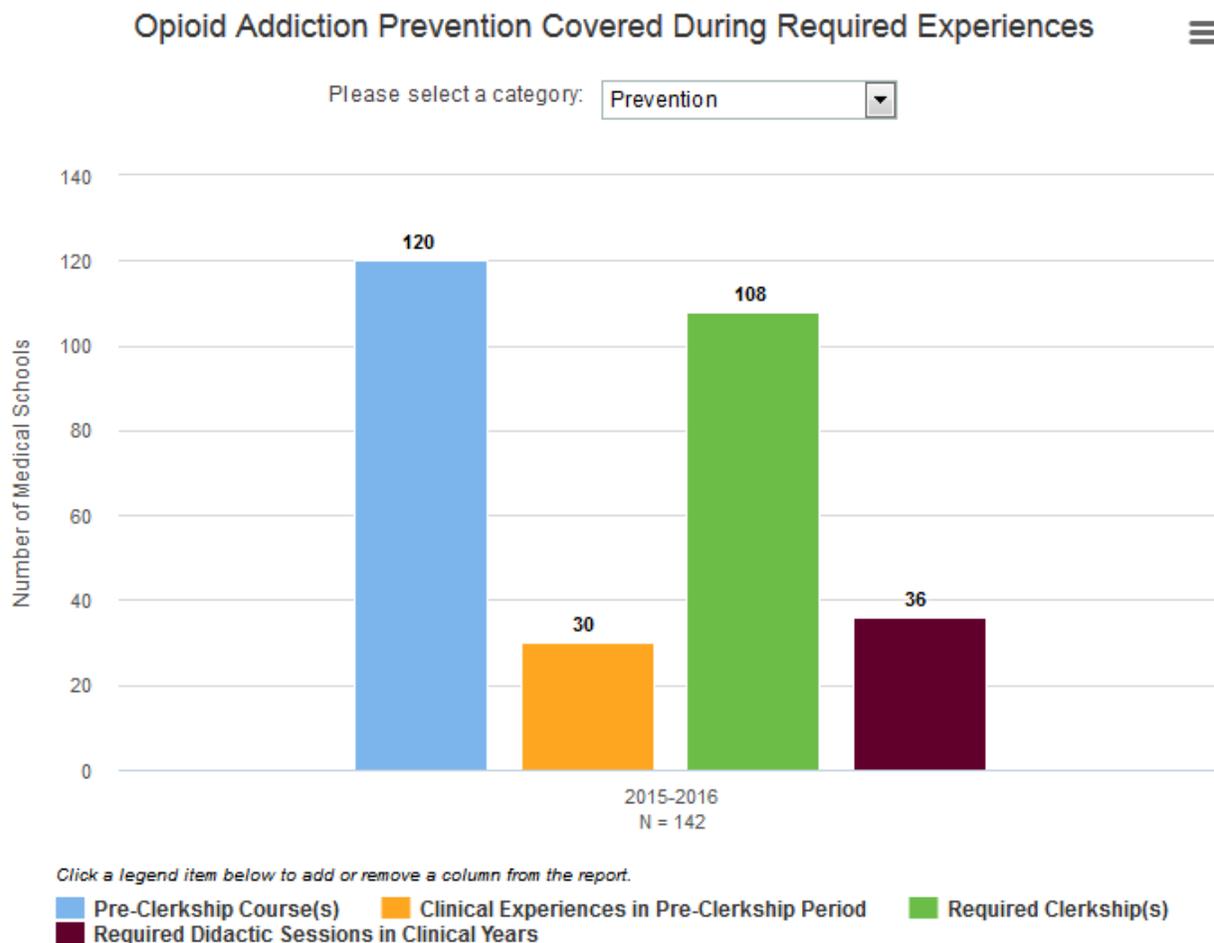


# Curriculum Inventory in Context

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## Tackling the Opiate Epidemic Through Educational Innovation and Partnership

Over 50,000 people in the US died from opiate overdose in 2016 (1). This number exceeds those attributed to gun death or car crashes (2) and ranks death from opioid use disorders (OUD) in the top 10 causes nationally (3), encapsulating a public health crisis. This crisis is closely related to the rise in use of heroin and other synthetic non-methadone opioids in the same period (1). Prescription opioids likely contribute to this 'opioid epidemic' through two mechanisms - direct misuse of prescription drugs and relationship of prescription opioid use to the increase in heroin use nationally (4). This relationship to prescription drugs has focused preventive efforts on our educational programs across the continuum from UME to GME and CME, reinforcing prior calls for prescriber education from the FDA (5) and pain treatment experts (6).

Nationally the AAMC has partnered with Congress and the White House on briefings and private-sector collaborations (7, 8), and sponsored a series of webinars to promote best practice and engage in dialogue with educators from member institutions. This action highlights the prominent role of academic medicine in solving this crisis.

States have also stepped up efforts to engage prescribers across health professions. In Massachusetts, the Governor convened task forces from medical, nursing, dental and physician assistant schools to collaborate with the Department of Public Health, Mass Medical Society and community partners to develop 'Core Competencies for the Prevention and Management of Prescription Drug Misuse (core competencies) (9). This first in the nation initiative was described in *Academic Medicine* (10) as a model for cross-institutional partnership to address a public health emergency in real time. The core competencies approach the opioid epidemic from the perspectives of prevention, treatment of at-risk patients, and management of substance use disorder as a chronic disease, offering tools for patient assessment and building awareness of the related social determinants of health, associated stigma and barriers to care.

As shown above, the AAMC Curriculum Inventory demonstrates that LCME- accredited medical schools include opioid addiction prevention and treatment in our curricula (11). [CI Reports](#) also show that [pain management](#) is covered in most, if not all medical schools (12), however details regarding the scope and methods of these curricula are not available for all schools. The co-existence of a high prevalence of pain in the US population and a public health crisis of opioid misuse disorders necessitate enhanced training. The University of Massachusetts Medical School (UMMS) was privileged to participate in the development of the core competencies described above. As the State's medical school, given the ravage of this epidemic on the people of our Commonwealth our institution pledged to graduate all prescribers with enhanced, experiential training based on these core competencies.

Since January 2016 nearly 800 medical and graduate nursing students, residents and fellows have completed our Opioid Safe-prescribing Training Immersion (OSTI) (13). This curriculum was layered onto existing coursework in pharmacotherapeutics, pathophysiology, neurobiology and clinical learning at critical points in medical and graduate nursing student training - the transition to core clinical experiences and final semester before graduation. Experiences include self-regulated study of prepared online materials and immersive, simulation-based learning.

With regards to the latter, interprofessional groups of learners participate in inpatient and ambulatory standardized patient interactions across a range of OUD risks and patient demographics, receive hands-on didactics in co-prescribing and administering naloxone and learn from panels of patients in recovery and family members of people suffering from OUD. The faculty are drawn from multiple professions and disciplines including the diverse divisions of medicine (procedural and non-procedural), nursing, pharmacy, dentistry and behavioral health, emphasizing the necessity for all providers to attain core knowledge, and the interprofessional approach to countering this disease. Community partnerships supported recruitment of panel members and standardized patients from

diverse backgrounds to meet our goals of emotional authenticity and medical accuracy throughout the curriculum.

Early data from this competency-based, active-practice curriculum indicate high satisfaction, exposure of bias, and opportunities for continued curricular engagement. Collaboration across disciplines and with community partners provide effective and sustainable strategies for ongoing enhancement and impact beyond the walls of our academic medical center. With the epidemic constantly evolving, we look to expand partnerships and continue to build this model for nimble curriculum development and implementation to address public health needs.

**Author:**



Dr. Melissa Fischer, MD Med, is Professor of Medicine and Associate Dean for Undergraduate Medical Education, Curriculum Innovation and the interprofessional Center for Experiential Learning and Simulation (iCELS) at the University of Massachusetts Medical School, where she oversees the design, implementation and ongoing quality improvement of the four-year curriculum including co-leadership of the Opioid Safe-prescribing Training Immersion (OSTI).

Her work has included a comprehensive curriculum redesign focusing on flexible, integrated learning and enhanced simulation, scholarship and interprofessional opportunities. Her educational activities include student, resident and faculty curriculum development with recent focus on global health, effective use of educational technology and interprofessional and experiential learning.

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