

# September 2019

## Advancing Medical Education in Response to the Opioid Epidemic: Results of the National Workshop



Tomorrow's Doctors, Tomorrow's Cures®

In response to the nationwide opioid epidemic and its effect on their communities, medical schools and teaching hospitals are actively working to advance medical research, education, and clinical care that addresses the crisis. Medical educators are enhancing existing coursework in pain management and substance use disorders (SUDs) in innovative ways throughout the medical education continuum (medical school, residency training, and continuing medical education, or UME-GME-CME).

### Survey of Educators

A structured telephone survey of curriculum deans at all accredited U.S. medical schools found that most schools are integrating content on pain and SUDs.<sup>1</sup>



100% of institutions are addressing at least two of four domains in their curriculum, and 87% are addressing all four domains.<sup>2</sup>



The survey also revealed three prominent areas of challenge in teaching students about pain management and SUDs: the need for faculty and resident development, time, and assessment.

### Cross-Continuum Workshop

Based on this analysis and on a series of focus groups and webinars, the AAMC — in collaboration with the Accreditation Council for Graduate Medical Education, the Accreditation Council for Continuing Medical Education, and the American Association of Colleges of Osteopathic Medicine and supported, in part, with funding from the Centers for Disease Control and Prevention<sup>3</sup>— hosted a workshop in May 2019 that convened teams of educators from all stages of medical education to advance content related to pain and addiction and address the gaps identified.

Workshop participants committed to updating the AAMC on their progress on the commitments quarterly (see reverse).

They also identified three of the greatest opportunities to improve addiction and pain management education<sup>4</sup>:



Funding for curricular development, education, and training.



Availability of best practices, resources, and other relevant information.



Cross-continuum collaborations (UME-GME-CME) in education.

*(continued)*

## Examples of Top Commitments of National Workshop Participants<sup>5,6</sup>



### Curriculum Changes

**85%** committed to developing or **updating curriculum** overall, including:

- Adding content on the neurobiology of addiction to courses on pharmacology.
- Improving non-pharmacological-based education for residents by implementing one of the curriculum models discussed at the workshop.



### Medication Assisted Treatment (MAT)

**75%** committed to advancing safe and effective **treatment of opioid use disorder (OUD) with MAT**, including:

- Expanding the use of MAT in academic clinics and emergency departments.
- Increasing DATA-waiver training for residents and others.<sup>7</sup>



### Stigma and Bias

**66%** committed to recognizing and **reducing bias and stigma** in the context of pain and addiction, including:

- Revising, adapting, or creating vignettes to address stigma and bias.
- Addressing unconscious bias in learners and changing language used with patients.



### Prescribing Practices

**66%** committed to advancing safe and evidence-based **prescribing of non-opioids** and opioids, including:

- Conducting a gap analysis of education on safe and evidence-based prescribing.
- Expanding education on pain management education for opioid-naïve patients and those at risk for SUD.



### Patients' Perspectives

**58%** committed to promoting effective **shared decision-making** strategies for patients with pain and/or SUDs, including:

- Incorporating into the curriculum patients in remission and lived-experience teachers.
- Strengthening learners' communication skills by adding standardized-patient cases focused on pain management.



### Alternatives to Opioids

**54%** committed to promoting safe and effective treatment of pain and OUD with **non-pharmacologic methods**, including:

- Making learners aware of acupuncture and other methods of evidence-based non-pharmacological pain treatment.
- Redesigning residency training curricula to address alternatives to opioids.



### Social Determinants of Health (SDoH)

**52%** committed to **identifying and addressing SDoH** in the delivery of care, including:

- Improving access to SUD screening and treatment for underserved patients by requiring trainees to obtain DATA waivers.
- Introducing harm-reduction initiatives for patients with OUD and assessing whether these efforts affect stigma among learners.

1. Howley L, Whelan A, Rasouli T. Addressing the opioid epidemic: U.S. medical school curricular approaches. *AAMC Analysis in Brief*. 2018;18(1):1-3.

2. The four domains are the nature of pain; pain assessment, including assessment of risk for SUD; management of pain, including SUD treatment and overdose; and the context of pain and SUD.

3. Centers for Disease Control and Prevention Cooperative Agreement 6NU36OE000007-02.

4. AAMC. Survey of participants while at the National Workshop to Advance Medical Education to Combat Opioid Misuse: Working Across the Continuum. Unpublished. 2019.

5. AAMC. Post-meeting evaluation for the National Workshop to Advance Medical Education to Combat Opioid Misuse: Working Across the Continuum. Unpublished. 2019.

6. Participants could make commitments under one or more of the seven themes.

7. To prescribe or dispense buprenorphine, under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians must qualify for a physician waiver, which includes completing eight hours of training and applying for a physician waiver.