5 Tips for Incorporating Trainees into Integrated SUD Clinics

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ASAM 53rd Annual Conference | Saturday, April 2, 2022 | 2-3pm

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Disclosure Information (Required)

- Caroline Shadowen, MD
  - No disclosures
- Ashely M. Wilson, MD
  - No disclosures
- Caitlin E. Martin, MD MPH
  - No disclosures

Workshop Objectives

After participating in this session, attendees should be able to…

- Summarize the benefits and challenges of working with trainees in integrated SUD clinics
- Evaluate the incorporation of trainees in their own unique clinical setting
- Develop ideas to optimize trainee participation in SUD clinics

Who are we?







What is OB Motivate?



- interdisciplinary, integrated approach to women with SUD
- evidence-based, compassionate, person-centered care
- addiction treatment, gynecologic care, obstetric care, mental health treatment, and referrals to other specialties

Benefits of trainee exposure to integrated care setting

- Addressing bias
- Direct, hands-on clinical experience
- Practice skills like motivational interviewing
- More time with patients
- Exposure to systematic factors that support multi-disciplinary care

Ross, A., and P. Greenberg. 2020. Components of the next generation of integrated care. *NAM Perspectives.* Commentary, National Academy of Medicine, Washington, DC.

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Miller EA, Hee PJ, Bonner BL, Cherry AS. Training Psychologists in Integrated Primary Care and Child Maltreatment: Trainee and Supervisor Perspectives on Lessons Learned. *J Clin Psychol Med Settings*. 2020;27(3):541-552. doi:10.1007/s10880-019-09648-w

Challenges of trainees in integrated care settings

- Time
- Patient fatigue
- Patient-provider trust
- Sensitive information
- Multiple competing interests

Griffin, A., Knight, L., McKeown, A. *et al.* A postgraduate curriculum for integrated care: a qualitative exploration of trainee paediatricians and general practitioners' experiences. *BMC Med Educ* **19,** 8 (2019). https://doi.org/10.1186/s12909-018-1420-y

What have we learned?

- Clinical experience
  - Even just one day of exposure to patients with SUD in a recovery-oriented clinical setting can have significant educational value
  - Trainees are hungry for more understanding of addictions as they are not getting enough preparation in their pre-clinical or clinical years
- Data
  - Providing structure to the trainee experience in a busy integrated care clinic is crucial, yet feasible and preferred by trainees and teachers
  - Our short curricula for medical students and OBGYN residents focused on experiential learning equip the next provider generation

Tip 1: Acknowledge learners' biases

Table 2. Pre- and post-survey results assessing the SUD curriculum's effectiveness on students' self-reported knowledge and skills, and stigma (n=8)

	Mean Score				Direction of change (*n*)		
	Pre-curriculum	Post-curriculum	Difference	*p*	Improved	Unchanged	Worsened
Self-reported confidence							
SUD Knowledge[a]	2.51 (0.45)	3.88 (0.50)	+1.69	<0.01	12	1	0
Performing SBIRT[a]	2.53 (0.78)	4.23 (0.60)	+1.88	<0.01	11	1	1
Performing MI[a]	3.15 (0.69)	4.23 (0.72)	+1.07	<0.01	11	0	2
Collecting a SUD history	3.15 (0.80)	4.30 (0.75)	+1.15	<0.01	7	6	0
EBM in clinical care	2.84 (0.99)	4.30 (0.63)	+1.46	<0.01	12	0	1
Stigma							
Total Medical Condition Regard Scale[b]	4.66 (0.51)	5.15 (0.46)	+0.49	0.02	11	0	2

[a] Rated on a 5-point scale (1=low confidence, 5= high confidence)
[b] Rated on a 6-point scale (1=high stigma, 6=low stigma)

- Each trainee carries personal biases and stigma regarding SUD and how SUD interplays with the perinatal period.

There is little I can do to help patients with substance use disorders

* must provide value

I feel especially compassionate toward patients with substance use disorders

* must provide value

Hostetter K, Thakkar B, Edwards C, Martin CE. Addiction curriculum design for medical students. Clin Teach. 2021;1–7. https://doi.org/10.1111/tct.13438

Tip 2: Knowledge is power

- Even a brief educational intervention can improve trainees' knowledge of SUD and confidence in interacting with patients with SUD

	Pre Self-Assessment Mean (SD)*	Post Self-Assessment Mean (SD)*	p-value
Screening for substance use disorders	2.44 (0.98)	3.56 (0.62)	< 0.001
Counseling patients with substance use disorders	1.97 (0.92)	3.56 (0.62)	< 0.001

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Tip 3: Balance is key

- It is **challenging** though **possible** to balance patient care with education in a busy integrated clinic.

Student survey item Perceived appropriateness of:	**Mean score (SD)[c]**
The amount of time preparing for clinic	4.54 (0.66)
The workload during clinic	4.38 (0.51)
The amount of guidance received during clinic	4.62 (0.51)
Teacher survey item This curriculum:	**Mean score (SD)[d]**
Did NOT of interfere with patient care	4.60 (0.97)
Did NOT burden the clinic schedule	4.60 (0.52)

"The valuable experiences [students] are having at the clinic in their formative years FAR outweighs the slight inconvenience that might come with a student who is still learning how to take a H&P."

"Sometimes when it's crazy busy we need to adapt how much they do on their own first, but that's do-able and worth it. I enjoyed having a medical student in clinic."

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Tip 4: Acknowledge special groups

Use...	Instead of...	Because...
Baby born to a parent who used drugs while pregnant **Baby with signs of withdrawal from prenatal drug exposure** **Newborn exposed to substances** **Baby with neonatal abstinence syndrome**	Addicted baby	Babies cannot be born with addiction because addiction is a behavioral disorder. Using person-first language can reduce stigma. Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.[8]

- Special emphasis needs to be placed on the unique challenges faced by marginalized groups with SUD, such as pregnant and BIPOC patients.

"It is a field of medicine that many students/residents feel unprepared for, and this experience has helped me tremendously to be more comfortable talking with patients with a history of SUD/OUD."

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Tip 5: Direct is best

- Clinical experience is most effective when trainees get direct experience and practical tools

"What helped me the most was…having that feedback on how I was counseling"

"I have been to many talks about motivational interviewing. I have read about it…But it's hard and I just need to keep practicing it more"

TABLE 4 SUD curriculum acceptability outcomes reported on student surveys ($n = 20$) and on teacher surveys ($n = 10$)

Student survey item **Perceived utility of the provided resources**	**Mean score (SD)**
Pre-recorded lecture[a]	2.90 (0.31)
Pre-clinic readings[a]	2.90 (0.31)
Templates[a]	3.00 (0)
Overall satisfaction with educational experience[b]	4.95 (0.22)
Teacher survey item **This curriculum:**	**Mean score (SD)[c]**
Provided a valuable learning experience	4.50 (0.71)

[a]Rated on a 3-point scale (1 = *not useful*, 3 = *very useful*).
[b]Rated on a 5-point scale (1 = *very unsatisfied*, 5 = *very satisfied*).
[c]Rated on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*).

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Break out Groups

- Successes
- Challenges
- 10 minutes… go!

Final Takeaways/Summary

Thank you for participating!

Please contact us with any feedback or questions:

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- **Dr. Wilson:** awilson@lyraclinical.com

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