

Opioid Risk Management Objective Structured Clinical Exams (OSCE)



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Developer: Boston University School of Medicine (Massachusetts Consortium)

Curriculum resource type: Objective Structured Clinical Exams (OSCE)

Method used: Performance-based assessments of clinical skills in realistic settings

Intended audience: Internal medicine and family medicine resident physicians

Implementation time: 1.5-2 hours

Additional components: Instructions for each station and standardized patient; resident performance assessment forms; OSCE experience evaluation forms; sample patient agreement form

Educational objectives:

- Understand how to initiate and manage long-term opioid pain therapy in patients with chronic pain.
- Develop skills to discuss risks and benefits of opioids for chronic pain.
- Learn how to give patient feedback regarding aberrant medication-taking behaviors with appropriate adjustment in opioid therapy due to worsening pain.



- Review discussing abnormal urine drug test results with patients and the need for substance abuse treatment referral.
- Assess the impact of culture on obtaining information detrimental to the diagnosis and management of the clinical cases.

Evaluation tools: Resident assessments by faculty, resident, and standardized patient

Curriculum resource description: The Objective Structured Clinical Exam (OSCE) is a timed, multi-station exercise that requires learners to perform specific tasks in simulated clinical encounters using standardized patients. This opioid risk management OSCE provides opioid risk management competencies using standardized patients in realistic settings and immediate observer feedback by trained faculty assessors. Performance is assessed at each station using predetermined rating scales by a small group of faculty assessors. The OSCE may serve as both an assessment tool and a formative exercise. The immediate feedback offered, as well as the opportunity for self-assessment, facilitates the enhancement or acquisition of knowledge and skills. The stations included may be easily incorporated into existing OSCEs at many institutions, or added to existing didactic sessions, seminars, academic half days, or ambulatory blocks.

Key words: Drug abuse; drug addiction; substance abuse; prescription drug abuse; opioids; opioid risk management; chronic pain