

# MEDICAL SCHOOL AND RESIDENCY PROGRAM CURRICULUM RESOURCES ON DRUG ABUSE AND ADDICTION

## Prescription Drug Abuse: An Introduction

Boston University School of Medicine  
(Massachusetts Consortium)

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November 8, 2009



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<http://www.drugabuse.gov/coe>

*These curriculum resources from the NIDA Centers of Excellence for Physician Information have been posted on the NIDA Web site as a service to academic medical centers seeking scientifically accurate instructional information on substance abuse. Questions about curriculum specifics can be sent to the Centers of Excellence directly.*

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## Table of Contents

Introduction .....	3
Educational Objectives .....	4
Curriculum Module Components .....	5
Faculty Guide .....	6
Evaluation .....	10
Additional Resources .....	12
Pilot Information .....	19

## Introduction

Education in substance use disorders remains inadequate in medical training curricula. Prescription drug abuse, although a growing health problem, is specifically addressed in medical training even less comprehensively. This curriculum module provides an overview of prescription drug abuse, framed within the common clinical scenario of chronic pain management in the outpatient setting. It is targeted toward resident physicians in internal medicine and family medicine, and also medical students on clinical rotations. The information may also be adapted for training of pediatric residents, particularly those who care for patients most at risk for chronic pain, such as those with sickle cell anemia or chronic bone and joint problems. The module consists of a 2-hour lecture and accompanying PowerPoint presentation, with detailed lecture notes that allow the lecturer to explain more fully the information contained in each slide, as well as this guide, which focuses on presentation/teaching strategy. In addition, the “Additional Resources” section provides the presenter with a comprehensive list of background reading that includes references to four key papers. Also, notations on the slides indicate where the 2-hour lecture may be modified and streamlined to fit into the usual 1-hour lecture slots present in most training programs.

The curriculum module was piloted with 29 attendees (13 residents, 12 medical students, and 4 internal medicine faculty). For more information, refer to the Pilot Information section on page 19.

**Key words:** Drug abuse; drug addiction; substance abuse; prescription drug abuse; motivational interviewing

## **Educational Objectives**

- Increase awareness of the problem of prescription drug abuse.
- Discuss psychosocial and medical issues associated with pharmacologic management of chronic pain.
- Develop a framework for safe prescribing practices and seeking consultation with faculty preceptors to aid in assessment and management.

## **Curriculum Module Components**

This curriculum module includes:

- A 63-slide PowerPoint presentation with embedded lecture notes
- A Faculty Guide
- An Evaluation Form
- An Additional Resources list

## Faculty Guide

Adapted with permission from *The Physician as Teacher*. Whitman N, Schwenk T. 2nd ed. Salt Lake City, Utah: Whitman Associates, 1997.

### Introduction

We have included in this syllabus (Guide) a PowerPoint presentation for an introductory lecture on prescription drug abuse (PDA), as well as accompanying lecture notes for each PowerPoint slide. These notes amplify the text on the slides to provide the lecturer with greater capacity to enhance and elaborate on the particular points made in each slide. Additionally, we have highlighted four key papers in our Additional Resources list that should be read by the presenter to provide further information to expand on the slide content and to address questions from the residents.

This introductory lecture is intended for residents in internal medicine and family medicine, and is also applicable to clinicians who treat pediatric patients, in particular, those young patients most at risk for chronic pain (e.g., those with sickle cell anemia, chronic bone and joint problems).

With this introductory lecture, we hope the residents will:

- Increase their level of awareness of the problem of prescription drug abuse, using a patient with chronic pain as an example for discussion.
- Discuss the complex psychosocial and medical issues associated with the pharmacological management of chronic pain.
- Learn to seek consultation and review from faculty preceptors to aid in the assessment and management of the patient in chronic pain.
- Develop a framework for safe prescribing practices.
- Learn how to identify and help prevent prescription drug abuse.

Resident learning objectives and faculty role post lecture (these are beyond the scope of this lecture but should be among the goals of competency development within the continuity clinic educational program for residents) are to:

- Discuss when to refer patients for more intense psychosocial and medical intervention for prescription drug abuse.
- Reflect on and discuss the residents' values, attitudes, and emotional reactions pertaining to patients suspected of abusing opioid medication.

We expect that this presentation will serve as an introductory overview of the issues of diagnosis, treatment, and management of pain and PDA. To integrate this lecture into ongoing resident education, we suggest that this lecture be given by the faculty preceptor who teaches in the

residents' continuity clinic. The challenge for the continuity clinic faculty preceptor is to integrate this brief overview into the residents' clinical experiences with patients at risk for PDA.

### **Keys to Successful Implementation**

The goal of the lecture is to summarize, in a succinct and efficient way, facts that can be understood (**knowledge**), how these facts fit together (**comprehension**), how these facts can be used for patient care (**application**), and how these facts can help residents evaluate their competency for patient care (**evaluation**). Using evidence-based medicine, lectures may be used to clarify how to diagnose the patient's problems (**analysis**) and how the patient's comprehensive data can be applied to the most likely set of diagnoses or hypotheses (**synthesis**). This theoretical approach to the underlying value of the lecture can be enhanced by concrete clinical vignettes, which illustrate the concepts taught in the lecture. In addition, the lecture can be used:

- For a large case-based discussion, when the audience is asked to problem solve a particular case of PDA.
- For a small-group discussion of a particular case.
- To assign topics to research or problems to solve using self-directed learning assignments.

Moreover, the content of the lecture, if well known to the faculty preceptors in the continuity clinic, can be reinforced when a resident is seeing a patient whose problems are exemplified in the lecture.

Excellent lectures require a good working knowledge of the material to be presented, as well as a positive regard for why this material is important (the "affective" dimension of the lecture). Helpful techniques for delivering a lecture follow.

#### **Get the learners' attention**

- Tell a personal story to illustrate the importance of the topic (perhaps a patient that you have taken care of and did not know was addicted or a patient that you were successful in helping through your role as primary care clinician).
- Survey the residents to see if they have had personal experiences with patients with chronic pain and/or PDA or have known of others who have had such experiences. Have them briefly talk about their experiences. Sometimes, asking about either personal experiences or people they know outside of medicine with PDA and/or chronic pain and briefly talking about the experiences can focus attention on the importance of this topic.

#### **Engage the learners' thinking and define the process of questions from the audience**

- Listed below are suggested questions/approaches you may wish to use to begin the process of engagement/interaction with the audience, if this will be a component of the lecture presentation:

- “If you have not had clinical experience with patients with chronic pain or PDA, what would you imagine it would be like to treat a patient with chronic pain who is addicted to opioid medication?”
  - Or if there are some in the audience who have had prior experiences with patients with opioid addiction: “What are the challenges in taking care of such patients? What attitudes, thoughts, and feelings do you have about taking care of these patients or of a particular patient?”
  - You may elect to use the slides as a pure lecture presentation with time for questions at the end of the presentation.
- Discuss ahead of time whether you will permit interruption of the lecture for questions, or if you prefer to designate a time for questions.
  - When a question is asked, the lecturer should repeat the question for everyone to hear and to make sure that the lecturer has understood the question correctly.
  - At the end of a particular segment, you may ask if there are any questions so far. In general, audience members begin to “fade out” or drift away after about 20 minutes of listening to a lecture. When the lecturer has interspersed breaks for questions, the audience may be more attentive throughout the presentation.

### **Brainstorming**

Brainstorming is a technique to engage the audience in a process of coming up with as many ideas as possible in a short period of time about a particular subject. Ground rules include no interruptions and no evaluation of what someone has offered. This may be a useful way to get more of the audience engaged in the material. For example, “What do you think the psychosocial effects of PDA are on a patient, a patient’s family and friends, and their relationships at work and in the community? Many people can imagine, without having taken care of patients with PDA, what happens to patients with this problem.” This technique may set the stage for referring to a particular aspect of lecture content in relationship to the brainstorming questions. This technique can also be used if there is a list of things on a slide that you wish to reinforce for the audience. For example, Slide # 14: *Why Do Some Physicians Over-Prescribe?* Rather than the lecturer reading the slide, the lecturer could turn to the audience and pose that question to the residents. This strategy can be utilized with a number of slides in this lecture.

### **Demonstration**

Demonstrations need to be planned carefully and should be brief. It may be possible to interview a patient for several minutes to address screening issues, management issues, psychosocial assessment, or some other aspect of PDA. The demonstration could be conducted using a standardized patient to simulate an interaction with a patient, or using a video of an interaction.

### **Problem solving**

With this approach, the audience is split into small groups, and these groups are given a problem to solve. The answers generated in the small groups can be discussed with the large group as a whole. The way that group members thought about the problem can also be discussed.

**Delivery tips**

- Be conversational, vary the pitch, and speak as though you are speaking to a colleague.
- Avoid mannerisms such as “ah,” walking back and forth, speaking only to one person, and not making eye contact with the audience.
- If possible, do not stand behind a large podium. Either stand directly in front of the audience or, if you need to look at the slides on your computer, stand to the side of the podium.
- Videotape and review your lecture ahead of time to check for distracting mannerisms and work on eliminating the distracting mannerisms.
- Rehearse the lecture so that you know the material and can be spontaneous in the delivery.
- Use slides—without speaker’s notes—as handouts to allow learners to take their own notes.
- Provide a bibliography containing a reasonable number of citations and consider giving out no more than three to four papers; one is preferable.

**Conclusion**

This lecture is but one tool to teach residents about prescription drug abuse in the context of treating chronic pain. It lays the foundation for understanding safe prescribing practices, as well as recognizing the risk factors for, and diagnosing PDA. The best learning, however, takes place when a resident manages a patient with a complex medical and psychosocial problem under the direct supervision of an experienced faculty preceptor. The learning takes place over time, as the resident works with the patient and has continuous supervision from the faculty preceptor about the care of the patient. Creative teaching might include direct observation of the resident’s interaction with the patient, and modeling skills for the resident in the areas of interviewing, relationship development, assessment, and care management. In addition, the critical legal, ethical, and psychosocial issues should be an element in the teaching–learning relationship between the resident and faculty preceptor. Attention to the emotional and attitudinal aspects of the resident’s thoughts and feelings about the particular patient engages both the faculty preceptor and the resident in important issues of professionalism.

## Evaluation

Please indicate level of training:

MS3	MS4	PGY1	PGY2	PGY3	Faculty
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**How well were the following session learning objectives met?**

**Rating scale: 1=Not at all, 5=Completely**

1. Specify the national trends and key issues of prescription drug abuse (PDA)	1	2	3	4	5
2. Outline a framework for safe prescribing of controlled substances	1	2	3	4	5
3. Identify and develop a management strategy for patients with PDA	1	2	3	4	5

**Please rate: 1=Poor, 5=Excellent**

The usefulness of the content to your clinical practice	1	2	3	4	5
The appropriateness of the teaching approach (didactic lecture)	1	2	3	4	5
Quality of material	1	2	3	4	5
The speaker	1	2	3	4	5

**Please rate: 1=Not at all, 5=Very Confident**

<b>Before this lecture</b> , how confident were you in your ability to appropriately select patients with chronic pain for long-term opioid therapy?	1	2	3	4	5
How confident are you now?	1	2	3	4	5

**Please rate: 1=Not at all, 5=Very Confident**

<b>Before this lecture</b> , how confident were you in your ability to manage patients with chronic pain on long-term opioids?	1	2	3	4	5
How confident are you now?	1	2	3	4	5

**Please rate: 1=Not at all, 5=Very Confident**

<b>Before this lecture</b> , how confident were you in your skills to identify patients with PDA?	1	2	3	4	5
How confident are you now?	1	2	3	4	5

**Please rate: 1=Not at all, 5=Very Confident**

<b>Before this lecture</b> , how confident were you in your skills to manage a patient with PDA?	1	2	3	4	5
How confident are you now?	1	2	3	4	5

What questions about PDA do you still have?

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What additional PDA topics would you like to have addressed?

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## Additional Resources

### Key Background Articles

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## **Overview: Prescription Drug Abuse**

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### **Motivational Interviewing**

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### **Web Sites**

The Roland-Morris Disability Questionnaire

[http://www.schechtermd.com/docs/roland\\_morris\\_disability\\_questionnaire.pdf](http://www.schechtermd.com/docs/roland_morris_disability_questionnaire.pdf) Accessed August 26, 2009.

<http://www.srisd.com/Roland-Morris.pdf> Accessed August 26, 2009.

### **NIDA Web Site: Prescription Drug Abuse**

General overview

<http://www.drugabuse.gov/drugpages/prescription.html> Accessed August 26, 2009.

NIDA InfoFacts: *Prescription Drugs and Pain Medications*. Describes the health effects of abusing prescription drugs. For a general audience.

<http://www.drugabuse.gov/infofacts/PainMed.html> Accessed August 26, 2009.

NIDA Research Report: *Prescription Drugs: Abuse and Addiction*. More detailed look at research findings on prescription drug abuse. For a general audience.

<http://www.drugabuse.gov/ResearchReports/Prescription/Prescription.html> Accessed August 26, 2009.

Prescription drug chart

<http://www.drugabuse.gov/DrugPages/PrescripDrugsChart.html> Accessed August 26, 2009.

Topics in Brief: 2008 update on prescription drug abuse

<http://www.drugabuse.gov/tib/prescription.html> Accessed August 26, 2009.

## **NIDA Notes on Prescription Drug Abuse**

Volume 20, No. 4: *Studies Identify Factors Surrounding Rise in Abuse of Prescription Drugs by College Students* [http://archives.drugabuse.gov/NIDA\\_Notes/NNVol20N4/Index.html](http://archives.drugabuse.gov/NIDA_Notes/NNVol20N4/Index.html)  
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Volume 19, No. 5: *Confronting the Rise in Abuse of Prescription Drugs.*  
[http://archives.drugabuse.gov/NIDA\\_Notes/NNVol19N5/Index.html](http://archives.drugabuse.gov/NIDA_Notes/NNVol19N5/Index.html)  
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Volume 16, No. 3: *NIDA Scientific Panel Reports on Prescription Drug Misuse and Abuse, Understanding the Risks of Prescription Drug Abuse, and Facts About Prescription Drug Abuse and Addiction*  
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Accessed August 26, 2009.

## **Pilot Information**

The module was piloted in a noon lecture, targeting internal medicine residents (PGY 1, 2, and 3) as well as medical students rotating on the inpatient internal medicine service. Evaluations were completed and returned by 29 attendees (13 residents, 12 medical students, and 4 internal medicine faculty). All attendees noted increased confidence in their ability to select patients with chronic pain for long-term opioid therapy, manage patients on long-term opioids, identify patients with PDA, and manage patients with PDA.