

Building an Interprofessional Addiction Medicine Practice into the Family Medicine Clerkship

Laurel B. Witt, MD, M.Phil^{1,2}, James Kleoppel, PharmD³, Jeremy Stevenson, PsyD², Faith Butler, MD^{1,2}, K. Allen Greiner, MD, MPH^{1,2}, Erin Corriveau, MD, MPH^{1,2}

¹University of Kansas School of Medicine (KUSOM), ²Department of Family Medicine, ³KU School of Pharmacy

Corresponding author: Laurel B. Witt (lwitt2@kumc.edu)

Background

Training in substance use disorders (SUDs) has been poorly represented in the family medicine (FM) clerkship at KUSOM, much like it is within the greater 4-year medical curriculum at our institution and within medical curricula across the country. National reviews of medical education indicate insufficient exposure to SUDs and their management [3]. This, despite that substance use disorders are on the rise nationally [1].

Our FM clerkship enjoys a flourishing interprofessional curriculum. All clerkship students work in our Interprofessional Teaching Clinic (IPTC), a real practice environment within our FM clinic where interprofessional teams of students care for patients and present to attending providers from medicine, psychology, pharmacy, social work, and occupational therapy, among others.

The management of SUDs is inherently interprofessional. Family doctors who practice addiction medicine naturally find themselves working with psychologists, pharmacists, and social workers.

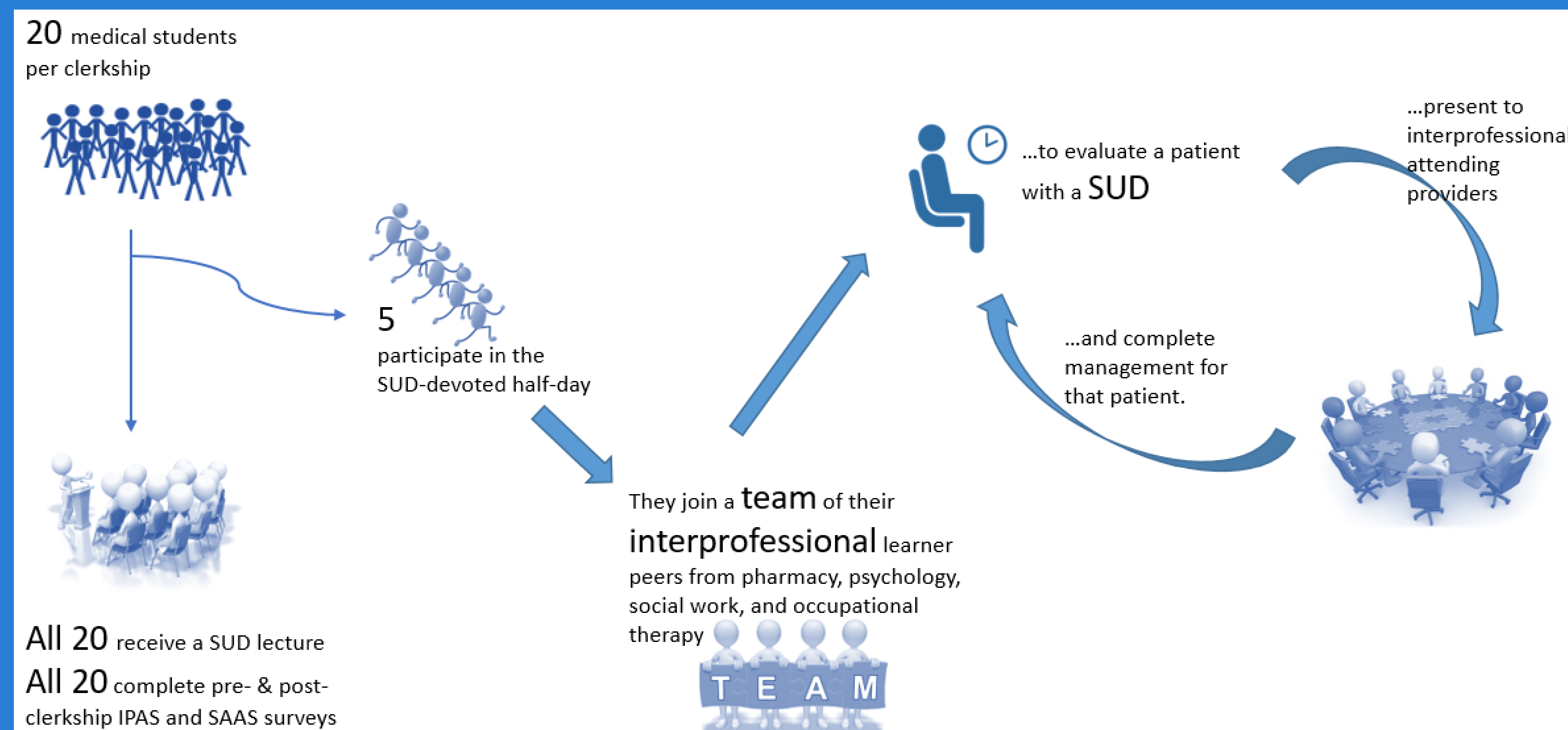
Objective

Create an interprofessional SUD-devoted practice within our existing IPTC clinic. Teach concepts on the evaluation and management of SUDs in the clinical moment with real patients, from an interprofessional perspective.



Methods: SUD-devoted Practice Design

Our FM clerkship hosts approximately 20 medical students per 8-week cycle. All 20 students receive a 1-hour SUD lecture during their clerkship (new this academic year). To participate in our interprofessional SUD-devoted practice, we randomly select 5 medical students per clerkship. These five join us for one half-day each week during which we see patients with SUDs. They join teams of students from pharmacy, psychology, social work, and occupational therapy to see these patients. And they present to interprofessional faculty.



Methods: Study Design

All clerkship students are asked to complete two surveys in the first and last weeks of their clerkship. One, the Interprofessional Attitudes Scale (IPAS) measures their attitudes toward interprofessionalism. The second, the Substance Abuse Attitude Scale (SAAS), measures their attitudes towards people with SUDs. They are asked to complete a third survey during their final week of the clerkship only, which is a satisfaction survey aimed at collecting qualitative feedback.

Early Results

We have completed 3 clerkship cycles so far since creating and integrating the SUD-focused half-day clinic into the FM clerkship, which is an 8-week clerkship at our institution. At this point, we are almost half-way through our data-collection period. Fifteen (15) students have participated in the SUD-devoted half-day clinic (5 per clerkship). Pre- and post-clerkship IPAS and SAAS data have been collected from 55 and 47 students, respectively. We feel that it is too early to report on preliminary results with any statistical certainty.

Next Steps

Nearly half-way through our academic year and first data-collection period, we are eager to examine results. We see an opportunity to match pre- and post-clerkship IPAS and SAAS data to look for interval differences, with an eye toward comparing the SUD-focused half-day participants to the rest of the clerkship cohort.

We also look forward to continuing to improve our SUD-devoted half-day clinic. Early barriers have included: building a patient population and working through logistic details including scheduling and clinic flow. With these barriers mostly behind us, our next quality-oriented steps are to use student-provided qualitative survey feedback to drive quality improvement in both patient care and medical student education.

Future considerations also include gathering survey data from our other health professions learners and involving FM residents in the program.

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Disclosures

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References

1. Han B, Compton WM, Blanco C, Crane E, Lee J, Jones CM. Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Ann Intern Med.* 2017 Sep 5;167(5):293-301.
2. Muzyk AJ, Tew C, Thomas-Fannin A, Dayal S, Maeda R, Schramm-Sapota N, Andolsek KM, Holmer S. An Interprofessional Course on Substance Use Disorders for Health Professions Students. *Acad Med.* 2017 Dec;92(12):1704-1708.
3. Ram A, Chisolm MS. The Time is Now: Improving Substance Abuse Training in Medical Schools. *Acad Psychiatry.* 2016 Jun;40(3):454-60.