Interprofessional Education for First Year Osteopathic Medicine and Pharmacy Students

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What is IPE?

- “Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”
  - World Health Organization
Competency Domains for IPE

• Values/ethics for interprofessional practice
• Roles and responsibilities
• Interprofessional communication
• Teams and teamwork
Focus of IPE project was opioid addiction

- Book – Addiction on Trial as source of case vignettes
- Ethical questions surrounding opioid addiction and role of health care team
- Student-created videos illustrating solving ethical dilemmas
- Closing Ceremony
RATIONALE FOR FOCUS ON OPIOID ADDICTION
While the age-adjusted rate for drug-poisoning deaths involving opioid analgesics has leveled in recent years, the rate for deaths involving heroin has almost tripled since 2010.
In 2000, the highest rate for drug-poisoning deaths involving heroin was among non-Hispanic black persons aged 45–64 (2.0 per 100,000)(Figure 4). In contrast, in 2013, the rate was highest among non-Hispanic white persons aged 18–44 (7.0 per 100,000). From 2000 through 2013, rates increased for both age groups (18–44 and 45–64) and race and ethnicity groups (non-Hispanic white, non-Hispanic black, and Hispanic), with the largest increases seen among non-Hispanic white persons.

CDC
### Heroin Use Has INCREASED Among Most Demographic Groups

<table>
<thead>
<tr>
<th></th>
<th>2002-2004*</th>
<th>2011-2013*</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.4</td>
<td>3.6</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>0.8</td>
<td>1.6</td>
<td>100%</td>
</tr>
<tr>
<td><strong>AGE, YEARS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17</td>
<td>1.8</td>
<td>1.6</td>
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</tr>
<tr>
<td>18-25</td>
<td>3.5</td>
<td>7.3</td>
<td>109%</td>
</tr>
<tr>
<td>26 or older</td>
<td>1.2</td>
<td>1.9</td>
<td>58%</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>1.4</td>
<td>3</td>
<td>114%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.7</td>
<td>--</td>
</tr>
<tr>
<td><strong>ANNUAL HOUSEHOLD INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>3.4</td>
<td>5.5</td>
<td>62%</td>
</tr>
<tr>
<td>$20,000–$49,999</td>
<td>1.3</td>
<td>2.3</td>
<td>77%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>1</td>
<td>1.6</td>
<td>60%</td>
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<tr>
<td><strong>HEALTH INSURANCE COVERAGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4.2</td>
<td>6.7</td>
<td>60%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4.3</td>
<td>4.7</td>
<td>--</td>
</tr>
<tr>
<td>Private or other</td>
<td>0.8</td>
<td>1.3</td>
<td>63%</td>
</tr>
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</table>

### Heroin Addiction and Overdose Deaths are Climbing

**Heroin-Related Overdose Deaths**
(per 100,000 people)

**Heroin Addiction**
(per 1,000 people)

**SOURCES:** National Survey on Drug Use and Health (NSDUH), 2002-2013.
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol
- Marijuana
- Cocaine
- Rx Opioid Painkillers

are 2x, 3x, 15x, 40x

more likely to be addicted to heroin.

Rationale for focus on opioid addiction: Provider Bias

• Attitude of some health care professionals toward substance abusers may be one of stigma, rejection, and distain.

• Health care professionals may not be aware of their biases and negative attitudes.

• Result is many substance abusers remaining undetected and untreated.

• Classroom medical education and clinical supervision is assumed to address these biases, but this may not be the case.
President’s effort

• President Obama has asked all medical schools to pledge to require some form of prescriber education in line with CDC guidelines in order to graduate.

• AACOM recently reported that 27 COMs have signed the pledge.
THE USE OF FICTION AS A VEHICLE TO COMMUNICATE & EDUCATE

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Community Substance Abuse Centers
Boston, Massachusetts
www.csachelp.com

Author
Addiction on Trial: Tragedy in Downeast Maine
Author House Publishing
www.addictionontrial.com
INCORPORATING FICTION INTO CURRICULUM

Pre-emptive approach prior to clinical exposure to patients

Putting faces to the disease of addiction

Classroom Discussions - Book Club Meetings – 1st Year Seminars

TOPICS OF DISCUSSION TO INCLUDE:

- Define terms: Tolerance, Dependency, Addiction; Co-Dependent, etc.
- Describe addiction as a disease model
- Demystify and destigmatize the disease of addiction ➔ Bias
- Define who/what to blame for the current heroin/opioid epidemic
- Review how to screen patients before prescribing opioids/benzos, etc.
- Review direct and indirect medical illnesses resulting from addiction
- Review societal costs as a result of addiction
- Explain benefits of medication replacement therapy to treat opioid dependency
Medical Education & Barriers
BUPRENORPHINE WAIVERS

- Low rate of young physicians treating opioid addiction:
  - 7.8% physicians < 35y/o → only 2.6% of Suboxone prescribers
  - Insufficient residency training in opioid use disorders

- Barriers to treatment:
  - Physician Bias: Complexity of pts w/ opioid use disorders
  - Lack of institutional support
  - Inadequate support from nursing and office staff
  - Lack of mental health practitioners
  - Payment issues
  - Opposition from practice partners
  - Health Care provider FRUSTRATION
Addiction as a Disease Model

Chronic Relapsing Disorder
An Equal Opportunity Disease

- Bio-psychosocial disease

- Self inflicted illness w/genetic predisposition

- Self medication of underlying disease (psychiatric, pain)

- Family illness/dysfunction

- Secondary/complicating illnesses (medical & psychiatric)

- 50% of all patients w/ SUD → psychiatric illness
Addiction

The continued engagement in a behavior despite adverse consequences

Starting to use a drug is a choice

but

Addiction is not a choice!

Drug seeking behavior and use despite harm to self or others
Meet Saul Tolson
Jimmy’s Psychotherapist

FICTION
ADDITION
ON TRIAL
Dr. Steven Kassels

“Put aside your current opinion of addiction. Give me your cleansed minds for just a brief time. At the end of my presentation you may accept, reject, or modify anything I say, but please start now with a clean slate.”

Murder Mystery / Legal Thriller
Based on Medical & Legal Truths
MEET SHAWN MARKS

What’s it like to be:

Attorney trying to get to the truth

Addicts don’t rat on one another

or

A Health Care Provider trying to get the truth
MEET JIMMY SEDGWICK &
DR. CARTER ADAM SEDGWICK

What’s it like to be:

_Heroin addict in withdrawal and in jail_
or
_Parent receiving the call from your son_
Meet Travis Bomer
Scallop & Heroin Addict
West Haven Harbor, MDI

Can a heroin addict save a life on the high seas?
Meet Mr. and Mrs. Bomer
Travis’ Parents

What is it like to be:

Child of an Addicted Parent
or
Co-Dependent (Enabling) Spouse
Meet Annette Fiorno
Travis’ Fiancée – Waitress – Cocaine Addict

Can a cocaine addict actually keep a job?

Found dead at the bottom of the ravine
Did Jimmy kill Annette?
Author/Medical Discussion Groups and Book Club Gatherings

Author proceeds donated to treatment centers and homeless shelters.
METHODS
IPE Year 1 Objectives

• Students will compare ideas and solve problems in a team environment using the following objectives
  – Discuss ethical, professional, and cultural dilemmas in the healthcare field using opioid addiction as a particular focus
  – Demonstrate ways that ethical, professional, and cultural dilemmas are solved, using opioid addiction as an example
  – Analyze passages from “Addiction on Trial” and their real-life implications in the medical field as a group
  – Design a unique video project related to an ethical dilemmas in the healthcare setting (a variety of ethical dilemmas will be illustrated)
2015 IPE Components for students

- 50 teams of ~5
  - Faculty facilitators were assigned to ~3 teams

- Mandatory introductory class
  - RIPLS survey and individual ethics survey (Defining Issues Test, Version 2 (DIT-2) completed
  - Blackboard and online training; Explanation of course activities and objectives; Assigning of topics and questions; Group ethical dilemma activity and discussion
2015 IPE Components for students-continued

• Video assignment
  – 25 ethical dilemmas; original video created by students to demonstrate a well thought out, researched, ethical solution to the dilemma

• Book
  – *Addiction on Trial*, Steven Kassels MD
  – Passages posted online; 3 collaborative sessions answering questions based on ethical dilemmas illustrated in book

• Panel/Evening Event

• RIPLS survey re-administered at close of IPE sessions
Video Rubric

• Excellent (3 points), Good (2 points), Fair (1 point), Poor (0 points)

• Punctuality/Effort
  – Project is handed in on time and shows effort

• Presentation
  – Presentation of video (vocal, keeps audience’s attention, explanation of topic)

• Research
  – Uses background primary literature (at least 3 sources)

• Participation
  – Each student in group participated equally

• Innovation
  – Project is unique in original thought and execution
Year 1 Faculty Advisor Timeline

• 8/25/15
  – Optional student training attendance (1-2:30 or 2:30 – 4)

• 9/25/15
  – Prior to – meet with advisee groups to check on progress of video
  – 1st online collaboration for book and questions due (complete or incomplete)

• 10/25/15
  – 2nd online collaboration for book and questions due (complete or incomplete)
Year 1 faculty advisor timeline (continued)

• 10/30/15
  – All projects due to advisor by 5pm

• 11/6/15
  – Faculty to turn in graded rubrics and suggestions for “Top 3 videos”

• 12/4/15
  – 3rd online collaboration for book and questions due (complete or incomplete)

• Week of 12/7/15
  – Closing Ceremony
Example Case Vignette

• Case 2

• The Radiologist is watching the game and gets a call from the ER re a patients CT. He reviews the films between innings. The ER physician says, “the CT looks OK to him and that the patient is a druggie, possible intimate partner abuse, you know how these people are.” The Radiologist looks over the films and does not see the patient, feels they are OK, does not order contrast. Neither one of them ask, check or discuss the possibly of hemotympanium, unilateral clear nasal discharge or battles sign. Neither one of them mention dizziness. They do not recommend her to go to a drug treatment center, or ask her about her drug use. They do not recommend her to go to a safe house.

• Was the communication adequate or not? What would have been a better discussion?

• Does this case constitute malpractice if the patient further develops problems?
Example Case Vignette

• Case 3:
• A worker injured her back and is going to physical therapy in hopes of returning to work. Her husband has asked her to ask the doctor for a prescription of pain medicine—just in case we need it. The patient asks the doctor for the medication, indicating her pain level is improving but wants to keep the medication around the house. You are the doctor.

• Would this be a good treatment and why or why not?
• What if the patient was asking for antibiotics—does this change your opinion? (See pages 54-55 of Addiction on Trial, the friend is asking for medication for the patient)
Example Ethical Questions

• Describe the difference between addiction and dependence.

• Non-medical use of prescription drugs is increasing across the United States. (Drugabuse.gov)

• What are the three classes of drugs that are commonly abused? (Opioids, CNS depressants and stimulants)

• Resources:
Example Ethical Questions

• Explain how prescription drug monitoring programs would help reduce the incidence of drug use?

• What is the value of carrying Naloxone? How would you become certified to carry Naloxone and who would you administer this drug to in the field.

• A practice is new in the area, they are giving out multiple scripts for narcotics what steps can you take to ensure patient safety?

• Cognitive enhancers are more available now than in the past. What has caused the availability of these medications to the adolescent and young adult population?

Lessons Learned

• Placement and length of the course
• Making a separate course (not to merge with existing course)
• Allow time for team bonding
• Improved faculty training and debriefing
Future plans

• Decrease fragmentation
• Include the new PA program
• Invite other programs, both internal and external, to participate
• Include more debriefings with faculty
• Resume the first–fourth year plan
Specific

• Continue first year ethics and bias for non prescription and prescription drug use
• Resume the virtual patient case in the second year with a component of drug use
• Continue the groups in the third year using collaborative, even if they are not on the same service or area
• Finish the bias study in the fourth year
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