



# Developing a Hospital-based Addiction Consult Curriculum for Internal Medicine Residents



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## BACKGROUND

- In 2017, there were a record 72,000 overdose deaths from use of illicit synthetic opioids and heroin (1).
- Around 4% of all hospitalized patients have an opioid use disorder (OUD), and these patients often represent a disproportionate number of total hospitalized patients (2).
- Despite substantial evidence supporting initiation of treatment for patients with substance use disorders many internists do not feel prepared to screen, diagnose or treat substance use disorders (3).
- This failure to provide appropriate treatment for addiction has been attributed to a lack of addiction education in residency programs (4).
- A prior survey of internal medicine residents found that most residents rated the quality of their overall instruction in addiction as inadequate and felt unprepared to diagnose and treat substance use disorders (5).

## PURPOSE

*To develop a hospital-based curriculum to help Internal Medicine Residents diagnose and treat, opioid, alcohol and other substance use disorders.*

## METHODS

- Internal medicine (IM) residents in the Hospitalist Training Program (HTP) rotate with the addiction consult service for 4 half days a month.
- IM Residents participate in 4 one-on-one case-based sessions with our hospitalist addiction consult faculty.

- Residents see patients with the Addiction Consult service where they practice the objectives (listed below in table)
- . At the beginning and end of the rotation, residents fill out a survey assessing their prior experiences treating patients with addiction, as well as a 10 question pre-test assessing their baseline addiction knowledge.
- At the end of the rotation patients fill out the same survey assessing their experiences treating patients with addiction and a 10-question post-test assessing their addiction knowledge.

### Objectives for HTT Residents on the Addiction Consult Service:

- 1-Take a complete substance use history
- 2-Diagnose patients with substance use disorder using the DSMV criteria
- 3-Identify and treat patients with alcohol and opioid intoxication and withdrawal
- 4-Initiate patients on medication for alcohol use disorder after discussing the risks and benefits
- 5-Initiate patients on medication assisted therapy for opioid use disorder (suboxone, methadone) after discussing the risks and benefits of opioid agonist therapy
- 6-Appreciate the complexity of managing acute pain in patients with medication tolerance, or addiction or in those on opioid agonist therapy
- 7-Counsel patients on harm reduction
- 8-Provide appropriate resources and referrals for follow up for substance use disorders

## RESULTS

- We are in the process of collecting and analyzing the survey data from residents who are rotating through with the addiction medicine consult service.
- Some preliminary comments about the curriculum from the residents are:
- Residents like the case-based format and the chance to ask questions of the addiction faculty.
  - Residents wish the rotation was 1/2 days in the morning instead of the afternoons as they would likely see more cases this way.

## CONCLUSIONS

In a program where residents previously had little formal addiction curriculum our rotation is giving them the opportunity to evaluate and treat patients with substance use disorder with a hospitalist trained in addiction. We will need additional data to see if the program is changing resident's knowledge and practices around diagnosing and treating substance use disorders.

## REFERENCES

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