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

Catherine Callister, MD; Phil Vatterott, MD; Julia Limes, MD; Emily Gottenborg, MD; Susan Calcaterra, MD

University of Colorado, Division of Hospital Medicine

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.

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


