



## **Bias and Stigma/ Preparing Rising Physicians for Encounters in SUD Care**

**University of New England College of Osteopathic Medicine**

**Authors:**

Katie Santanello

Stacy Terentieva

ksantanello@une.edu

**Faculty Mentor:**

Victoria Stacey Thieme, DO

vthieme@une.edu

### **A. Abstract**

This curriculum aims to address two important addiction medicine topics. The first topic addresses bias and stigma surrounding the disease known as addiction, and the second topic involves adequately preparing student physicians for future encounters with SUDs patients. Despite being a widespread chronic disease, emphasis on training future U.S. healthcare providers in addiction-medicine remains low in comparison to medical training of other chronic diseases [4]. These ideas are essential to the future of medicine because every physician will eventually encounter a patient who misuses substances/ is a recovering substance misuser, so they must be prepared to appropriately communicate with and treat these patients.

This curriculum will provide students with a unique combination of face-to-face (or virtual, depending on preference), simulation, and experiential learning, and will devote sufficient time to student self-reflection. At the start of the curriculum, students will be required to complete an addiction-centered implicit-bias self-assessment, as well as an assessment that is able to determine what the student currently knows regarding substance misuse and what they hope to learn throughout the curriculum. Following these assessments, students will be provided with resources (such as published articles, novels, videos, and lectures) that will educate students on the societal detriments cultivated by addiction bias [1], and on any current addiction medicine treatment advancements and/or challenges encountered by the medical community.

Additionally, it is anticipated that students will be given the opportunity to participate in an addiction-centered in-person Standardized Patient Experience, and simulated patient experience. In these sessions, students will have to determine that the patient they are treating is a substance misuser, and the ultimate goal of these experiences is to better prepare the student to care for someone who is actively misusing substances, and to learn how to acutely care for the medical complications these patients may experience. At the end of these sessions, students will debrief with a facilitator.

Finally, it is ideal for a team of medical students (2+) to be paired with a current/recovering substance misuser; and establish a closer connection with them. This will allow for students to develop a deeper understanding of what it is like to live with addiction and understand the effect this disease has on not only the misuser, but also their loved ones.

Upon conclusion of these elements, the student would take the same assessment as taken at the start of the curriculum, and we'd hopefully see improvement/eradication in implicit addiction bias.

The curriculum may be as long, or as short, as the medical college prefers. Ideally, there would be at least 1 standardized patient and 1 simulated patient experience; however, the student-SUDs patient partnership could persist for as long as 1-2 years (students would meet with their assigned SUDs patient once every 1-2 months).

## **B. Introduction/ Rationale**

This curriculum will ensure that medical students will gain exposure to treating and interacting with patients who are currently dealing with substance/opioid use disorder, as well as those who are sober or in recovery. Regardless of medical specialty, every physician will at one point, or another, evaluate and/or treat a patient who has been affected by addiction; therefore, it is critical that physicians are prepared for these encounters and demonstrate the highest level of respect, empathy, and professionalism. Therefore, the best way to prepare our future medical professionals for such encounters is by providing them with as much clinical and hands-on experience as possible.

Clinical Experience #1 will be a standardized patient experience in which the student must elucidate the substance/opioid disorder diagnosis from questioning and complete an appropriate SOAP note for this type of encounter.

Clinical Experience #2 will be a simulated patient experience in which a cohort of students will be exposed to a variety of medical emergencies that those who are misusing substances might present to the emergency department for. These could include a patient experiencing withdrawal symptoms, a patient who has overdosed, or an intoxicated patient who presents following a motor vehicle collision. Finally, for the third clinical experience, 2 +/- medical student will partner with a patient who is either a current substance misuser, or to one who is recovering/recovered. This partnership is critical in reducing (or, completely eliminating) any implicit biases medical students harbor against addiction. It's quite simple to judge an individual that you've never met before; however, it becomes much more difficult to judge when it's a close friend or family member that is affected by substance misuse.

As a result of this learning experience medical students will:

- Demonstrate core medical knowledge about substance, substance use disorders (including gambling disorders), substance-related health conditions, and common co-occurring disorders.
- Display skill in using validated standardized screening instruments such as SBIRT and interview questions to assess substance use and complications of use.
- Exhibit accurate empathy, respect for autonomy, compassion, and a genuine willingness to develop a partnership with the patient.

(Learning objectives adapted from the American Society of Addiction Medicine Fundamentals of Addiction Medicine Recognition Program.)[2]

## C. Curriculum Design

Learning objectives will be provided to students in a document made available to them before their three-part introduction to caring for those who misuse substances. Due to the nature of the differences in the three activities, there will be general course long objectives as well as experience specific objectives. Example learning objectives can be found above but an emphasis will be placed on personal growth and development throughout the entire duration of the course.

Initially, a pre-curriculum assessment allows students to give their feedback on what they know already and what they hope to learn from the course. This will not be a graded piece of work but will function as a self-reflection.

Then, students will be required to watch a short introduction video to the “substance misuse clinical experience”. This video will be asynchronous and must be completed before each student begins their personal clinical experience.

Students will initially be introduced to the session by a patient in recovery from SUD, who would share their story with students and explain what aided them on their road to recovery. This individual will relate to the students on a more personal level (perhaps they are a healthcare worker, or another student of some sort) and help them realize how just prevalent and widespread addiction is.

Following this encounter, students will be tasked to complete an implicit bias assessment that evaluates initial baseline bias. Furthermore, prior to evaluation of a standardized and/or simulated SUDs patient, students will be required to watch a motivational interviewing/history taking session with someone with a history of SUDs.

Student learning will be guided through the provided asynchronous materials on the provided online based education platform. These will be in the form of short videos, published papers, opinion articles [4], and a novel [3]. Each video and paper will have a short quiz after to ensure student participation. The novel will be discussed in the final small group setting at the very end of the course and will help to facilitate a reflection on the three main components of the course. The novels will be provided to students to check out through the library and will also be available as an eBook/PDF file for those who prefer.

The student’s answers from the pre-curriculum assessment will be pre-populated in the post-curriculum assessment so that they will be able to have meaningful reflection on what the course has allowed them to learn and how they have grown in their attitudes and beliefs over the duration of the year. Furthermore, students are then tasked to submit a brief, 1-2 page reflective summary after meeting with their SUDs partner, and with encouragement to utilize these summaries as self-reflections, and discuss what they learned from speaking with their partner that, and what they’d hope to discover in future meetings. The students will be constantly receiving feedback throughout the duration of the curriculum. The designated faculty will read the pre-curriculum and post-curriculum surveys and provide commentary regarding the reflection points. The SIM lab component will have inherent feedback during the debriefing sessions with their faculty mentor and cohort members. The Standardized Patient Experience will also include a debrief with the Standardized Patient themselves as well as a debrief with the students’ faculty mentor and cohort members. The Standardized Patient Experience will be recorded, and students will be required to view their session and comment on what they think they did well on or what they could improve in

the future. Further, patient SUDs partners will be able to provide feedback in real time to the student after their discussions as well as in a final form at the closure of the course.

## References:

- 1) Abrams, Z. (2019). The stigma that undermines care. *Monitor on Psychology*, 50(6). <http://www.apa.org/monitor/2019/06/cover-opioids-stigma>
- 2) American Society of Addiction Medicine. (2015). *The ASAM Fundamentals of Addiction Medicine Recognition Program: Competencies and Curriculum Learning Objectives*. Available at:<<https://www.asam.org/docs/default-source/education-docs/asam-fundamentals-recognition-program-learning-objectives-and-competencies-final-10-1-15.pdf?sfvrsn=2>>
- 3) MacBride K. 100 Must-Read Books About Addiction. BOOK RIOT. Published June 21, 2018. Accessed April 05, 2021.
- 4) McGinty, E. E., & Barry, C. L. (2020). Stigma reduction to combat the addiction crisis—developing an evidence base. *N Engl J Med*, 382(14), 1291-1292. Accessed April 05, 2021.
- 5) Polydorou, S., Gunderson, E. W., & Levin, F. R. (2008). Training physicians to treat substance use disorders. *Current psychiatry reports*, 10(5), 399-404.