The Addiction Mini-Residency: An Interprofessional Staff Development Workshop

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**OBJECTIVE**

To assess the impact a 2-day interprofessional staff development workshop on substance use disorders may have on beliefs and opinions about substance use disorder treatment.

**EXAMPLES EDUCATIONAL STRATEGIES**

- **SIMULATIONS**
  - Simulate real-life scenarios related to OUD treatment
- **DIDACTICS**
  - Lectures and discussions on OUD management
- **MULTIMEDIA**
  - Videos and multimedia tools to enhance learning
- **PATIENT PANEL**
  - Real patient stories to foster empathy
- **MURPHY**
  - Highlight cases and challenges in OUD treatment

**BACKGROUND**

- **OUD** is a primary, chronic and often relapsing disease with highly effective evidence-based treatments such as medication management with buprenorphine.
- The number of healthcare providers who prescribe medications for OUD is currently outstripped by demand.
- Factors which contribute to the lack of services include: lack of knowledge and the stigma associated with the management of these patients.
- Public health initiatives are advocating for expanded OUD treatment to primary care and general mental health settings, using principles of chronic disease management.
- Such management requires interprofessional teams including nursing, medicine, pharmacy, social work, etc.
- It also requires a baseline knowledge of and framework for the treatment of OUD as a chronic condition.

**METHOD**

Learners

- Primary Care Doctors, Psychiatrist, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, Pharmacists, Psychologists, Social Workers, Addiction Therapists, Chaplains, Peer Support Specialists, Health Technicians, Research Scientists and Trainees (N=48)

Components of Training

1. Pre-workshop
   - Participants watched a brief video on language and addiction
2. Two day workshop
   - Utilized varied educational strategies such as: lectures, videos, facilitated discussion, patient panels & role play
   - Three simulations led interprofessional teams through the diagnosis, medication consent, initiation of buprenorphine, and follow-up treatment plan for a patient with OUD
   - Addiction specialist facilitated learner driven debriefs at the conclusion of each simulation

Assessments

- Pre and post workshop surveys assessing participant attitudes and knowledge and self-rated performance measures were collected
- Surveys from the first training were adapted to evaluate our training objectives more accurately

**RESULTS**

- We conducted three, 2-day mini-residencies
- 53 attended one of the three trainings with over 90% (n= 48) completing both days
- For the first mini-residency, participants reported increased self-efficacy in:
  - assessing, screening, intervening and in using motivational interviewing skills with patients with SUD.
- Across the next two trainings prescribers (physicians, physician assistants, and nurse practitioners) and non-prescribers (psychologists, pharmacists, RN's, social workers, health technicians, and trainees) reported significant increases in:
  - perceived effectiveness in helping patients with both alcohol use disorder (AUD) and opioid use disorder (OUD) (p’s < .001),
  - self-efficacy of screening OUD (p = .001),
  - self-efficacy diagnosing AUD (p = .009) and OUD (p < .001),
  - self-efficacy discussing treatment options and treating AUD (p = .001) and OUD (p < .001),
  - providing or assisting with the provision of Buprenorphine for OUD (p = .005).
- A large majority of potential prescribers (>70%) reported interest in completing the Buprenorphine waiver training.

**PARTICIPANT FEEDBACK**

- "We need to be open, non-judgmental, and understanding with patients" - Anonymous VA TMS
- "Many people in the hospital can provide a brief intervention that can impact an individual with a substance use disorder. It is not just up to one clinic to take on this responsibility." - Anonymous VA TMS
- "I'm excited to work with a patient with OUD." - RN Primary Care
- "I've been working with substance abuse patients for over 10 years and wasn’t excited to go to a two day thing but once I got there I learned so much!" - Licensed Practical Nurse SUD Specialty Clinic
- "I feel like I've been living on a desert island trying to make it alone. Suddenly, someone pulled back the curtain and I see there is a thriving metropolis [meaning SUD specialty care] on the other side." - Primary Care Doctor
- "The training was helpful in terms of thinking about incorporating suboxone treatment into my practice; really liked the role plays." - Anonymous VA TMS

**CONCLUSIONS**

- The 2-day interprofessional staff development workshop had a positive impact on staff understanding of OUD and the specific roles and teamwork required to prescribe medications for OUD in primary care and general MH settings.
- This type of experience may foster staff preparedness and willingness to conceptualize OUD as a chronic condition amenable to treatment in primary care and general MH settings.
- Our long term goal is to disseminate the 2-day workshop to other healthcare institutions in efforts to address the growing need for addiction treatment.

**REFERENCES**


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