

GOAL AND SUMMARY: The purpose of the Addiction Medicine elective is for the BUSM student to gain an understanding of the medical care of persons with Substance Use Disorder (SUD) across a diverse spectrum of drugs, stages of use, and presentations, including harm reduction for people who continue to use. BUSM students will recognize patients with SUD, conduct an appropriate substance use specific history, and appreciate the complex interplay of pain, medication tolerance and addiction, with importance of managing pain on opioid agonist therapy (OAT). Students will also learn about the use, risks, and benefits of medication-assisted treatment for SUD.

LEARNING OBJECTIVES:

By the end of the Addiction Medicine elective, the BUSM student will be able to:

1. Take an appropriate substance use specific history (B,U)
2. Differentiate the types of addiction inpatient, outpatient, and medication treatment options (B,C,S)
3. Advise on the types of agonist therapy for inpatients with opioid use disorders prior to discharge (B,U)
4. Recommend plans for management of pain in patients with concurrent substance use disorder (B,A,S)
5. Synthesize plans to counsel patients using non-judgmental, motivational interviewing approach with SUD patients (B,C)
6. Interpret urine toxicology testing results (U)
7. Incorporate overdose prevention into clinical counseling with patients at risk for overdose
8. Adjust approaches to SUD to account for a multicultural population.

CURRICULUM:

The curriculum includes (depending on availability) the following rotations:

- 1) Addiction Medicine Inpatient consult service: assessing, managing and linking to post-discharge care inpatients with substance use disorders.
- 2) Methadone Clinic: with the physician see methadone-maintained opioid-dependent patients for admission history and physicals, dose adjustments, and medical care coordination. In addition, the medical student can receive a tour of the clinic and observe the daily dosing procedure.
- 3) FAST-PATH Clinic: spend a clinical session with an HIV primary care physician with addiction treatment expertise seeing patients in a multi-disciplinary addiction program co-located and integrated into an HIV clinic.
- 4) FASTER-PATHS Clinic: This is the discharge clinic for the inpatient consult service as well as a low barrier access clinic to addiction treatment in the BMC urgent care clinic.
- 5) AHOPE Needle Exchange: a session with the staff observing syringe exchange encounters and overdose prevention with naloxone distribution.
- 6) Project ASSERT: a session with the staff of Project ASSERT in the BMC emergency department observing health promotion advocates doing universal alcohol and drug screening with brief interventions and referrals to treatment on the Boston Medical Center campus.

- 7) HOPE House: services include residential half-way house and outpatient counseling.
- 8) Didactics: Brown-BU Addiction didactics; CARE case conference; CARE journal club

Sample schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 AM	Consult	Consult	Consult	Consult	Consult
Week 1 PM	Consult	Consult	12-1 CARE Journal Club 1-5Consult	1-2 Didactic 2-5 Consult	Consult
Week 2 AM	Consult	Consult	Consult	Consult	Consult
Week 2 PM	Consult	Consult	Consult	Consult	Consult
Week 3 AM	Urgent Care Clinic	Project ASSERT	Methadone Clinic	FAST-PATH Clinic	Urgent Care Clinic
Week 3 PM	Urgent Care Clinic	Consult	Consult	12:30-1:30 CARE Case Conference	Needle Exchange
Week 4 AM	Consult	Consult	Hope House	Urgent Care Clinic	Consult
Week 4 PM	Consult	Consult	Consult	Consult	Consult

Self-study opportunities

Several relevant articles can be found at:

<https://www.dropbox.com/sh/medxtwr2btpzxf/AAArKMPslnzdWmvZbzy-Wm2Ea?dl=0>

1. Taking Patients' Sexual and Substance Use Histories
<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/sexual-history.html>
2. <https://www.uptodate.com/contents/clinical-assessment-of-substance-use-disorders>
3. APA. Substance-Related and Addictive Disorders. Diagnostic and Statistical Manual of Mental Disorders. 5th ed: doi:10.1176/appi.books.9780890425596.dsm16; 2013
4. TIP 63 SAMHSA: <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documnt/PEP20-02-01-006>
5. Management of Patients with Opioid Dependence: A Review of Clinical, Delivery System, and Policy Options. 2014.:
<https://collections.nlm.nih.gov/master/borndig/101642260/Management%20of%20Patients%20with%20Opioid%20Dependence.pdf>
6. Getting Off Right: A Safety Manual for Injection Drug User. at :
<https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>

7. Hopper JA. Chapter 234. Opioids. Principles and Practice of Hospital Medicine: The McGraw-Hill Companies; 2012
8. Clinical interpretation of urine drug tests 2017:
[https://www.mayoclinicproceedings.org/article/S0025-6196\(16\)30825-4/abstract](https://www.mayoclinicproceedings.org/article/S0025-6196(16)30825-4/abstract)
9. My Topcare- Opioid and pain management tools: <http://mytopcare.org/prescribers/>
10. Opioids - Equianalgesic Dosages.
https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/conversion-table.pdf
11. Boulware DR, Dekarske AS, Filice GA. Physician preferences for elements of effective consultations. Journal of general internal medicine 2010;25:25-30.
12. Kelly JF, Wakeman SE, Saitz R. Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. The American journal of medicine 2015;128:8-9.
- 13.. SBIRT: A Step-By-Step Guide. 2012. at
<http://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf>.)
14. Approach to treating alcohol use disorder : https://www.uptodate.com/contents/approach-to-treating-alcohol-use-disorder?search=pharmacotherapy-for-alcohol-use-disorder.&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

STUDENT EVALUATION:

Students will be evaluated at the end of the elective. Throughout the time on the service the student should meet with each attending weekly for feedback on their performance. At the end of the rotation Dr. Weinstein will elicit feedback from attendings and other team members to assess the student's achievement of the learning objectives based on clinical performance. Clinical performance will be evaluated using the BUSM CSEF. This will be completed by Dr. Weinstein and forwarded to the Office of the Registrar within three weeks of the end of the elective. Grades will be submitted to the Registrar in accord with BUSM policies for grading.

Formative Assessments:

Verbal feedback will occur while working with attending physicians and assigned staff while on elective inpatient service. If during the rotation there are concerns about clinical competencies the student has not achieved or any other learning issues, Dr. Weinstein will also discuss this with the student prior to the end of the rotation in order to assist the student in passing the rotation.

Summative Assessments:

Summative assessment will be via the standard BUSM clinical student evaluation form (C-SEF0 on E-Value. Students will also complete and discuss a self-assessment with faculty at the completion of the core portions of the rotation using the standard C-SEF form.

Clerkship Grading Policy (final grade will be based on the following):

Clinical Performance overall 90%

Professionalism 10%

All Clerkships use criterion-referenced grading to measure student performance against predefined criteria and not against other students' performance.

Grades will be assigned as follows:

Honors: Mean score of 4 across all domains and no professionalism or serious performance concerns (represented by absence of 2 in any domain or significant formative comments)

High Pass: Mean score of 3.5 across all domains and no professionalism or serious performance concerns (represented by absence of 2 in any domain or significant formative comments)

Pass: Mean score of 2.5-3 across all domains OR a higher mean score, but significant formative comments/performance concerns in at least one domain

Fail: Mean 2 or lower across all domains OR a higher mean score, but significant formative comments/performance concerns in at least one domain that were not able to be reconciled despite constructive feedback

Student Evaluation of Clerkship:

Students are required to fill out the Office of Medical education online evaluation form at the end of the clerkship at www.e-value.nte