

Substance Use Teaching Project (SUTP)

Introduction

Immersion Training in Addiction Medicine Programs 2024

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EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Grayken Center
for Addiction
Boston Medical Center


SUTP


- To develop a teaching project that focuses on **teaching addiction medicine** and is achievable within 6 months after attending CRIT
- Meet 1-on-1 with core faculty (+/- faculty mentors) during the program to develop your SUTP
 - **Be prepared to review your SUTP worksheet (in program binder and OneDrive) during your meetings with core faculty**

SUBSTANCE USE TEACHING PROJECT (SUTP) ..

CRIT SUBSTANCE USE TEACHING PROJECT (SUTP) OVERVIEW
SUTP GUIDE AND WORKSHEET.....

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NAME	UPDATED ↓	SIZE
 SUTP Guide and Worksheet.docx	Apr 12, 2023 by Ve Truong	65.2 KB



Substance Use Teaching Project (SUTP) Worksheet

Participant's Name: _____ Date: _____

Institution: _____

Snapshot of Context & Setting

Briefly describe your context and setting: (Include teaching opportunities, venue(s), and audience.)

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SUTP Title:

SUTP Overall Goal: (Create a broad statement about the outcomes of the learning activity.)

SUTP Description: (Describe what you will accomplish with this project, including project content/focus, target audience, setting/timing and teaching methods.)

- SUTP Content/Focus:** (What aspect of addiction medicine do your residents, medical students and faculty need the most?)

Target Audience: (Who will your learners be?)

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Setting (Where?), Timing (When in the day's schedule? When during the year?) & Teaching Methods (Strategies and tools used to teach):

SUTP Learning Objectives: (What will your learners accomplish by participating in your project (e.g. acquisition of new observable skills, new knowledge demonstrated, etc.)? Objectives should be specific, focused and measurable – an action verb and an observable behavior that the learner will be able to demonstrate as a result of the learning experience.)

SUTP Evaluation: (What measures will you use to determine if the project was successful and what tools will you use to quantify the impact of your teaching intervention?)

SUTP Resources: (Who and what is available to help you with your project?)

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SUTP ACTION STEPS and TIMELINE:
 (List the steps required to complete your project & target time period for completion.)

Action Steps	Resources	Timeline
1. Determine needs of learners and resources	2. Develop Curriculum	3. Implement

Writing Clear Learning Objectives

A clear learning objective states what the learner will be able to do upon completion of a continuing medical education activity in terms of behavioral change. A clear objective identifies the terminal behavior or desired outcome of the educational offering.

When writing objectives, follow these 3 steps:

SUTP Examples

- Intern workshop series on inpatient management of opioid and alcohol withdrawal
- Resident workshop on Recovery Support programs (NA, AA) including visiting a meeting
- Resident lecture on medications to treat opioid use disorders including interviewing a patient on medication (e.g. methadone, buprenorphine, naltrexone)
- Addiction medicine curriculum for pre-clinic seminar series
- Intern workshop on screening and brief intervention for unhealthy substance use (drug, alcohol and/or tobacco) in outpatient clinics
- Addiction medicine noon conference lecture series incorporating a patient interview
- Addiction medicine modules for use during morning report

SUTP Outline

- **Snapshot of Context & Setting:** Describe your teaching opportunities, venues, and audience during your chief resident year
- **Project Title**
- **Project Goal:** Broad statement about the outcomes of the teaching activity
- **Project Description**
 - Project content/focus
 - Target audience
 - Setting, timing and teaching methods
- **Project Learning Objectives**
- **Project Evaluation**
- **Resources and Facilitators**
- **Challenges and Barriers**
- **Action Steps and Timeline**

Project Description

Project Description

- Project content/focus
- Target audience
- Setting, timing and teaching methods

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- Project Content/Focus
- Target Audience
- Setting, Timing & Teaching Methods

Project Description

Project Content/Focus

Project Description

- **Project content/focus**
- Target audience
- Setting, timing and teaching methods

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- What aspect of addiction medicine do you think your residents, medical students and faculty need most?
- For example, do your residents have trouble managing patients with chronic pain problems on opioids?
 - If so, you may want to focus on a project to improve identification of prescription drug misuse in the resident's clinic practice by developing curriculum to teach effective use of screening tools, safe use of opioid analgesics, monitoring for addiction using pill counts and urine drug testing.

Project Description

Target Audience

Project Description

- Project content/focus
- **Target audience**
- Setting, timing and teaching methods

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- Who will be the audience e.g., interns, medical students?
- Will you target all residents?
- Will you include faculty?

Project Description

Setting, Timing & Teaching Methods

Project Description

- Project content/focus
- Target audience
- **Setting, timing and teaching methods**

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- Where will the intervention take place? In the clinic? On the wards?
- When will the intervention occur in the schedule? Noon conference? Morning report?, Pre-clinic conference?, etc.
- How will you do the intervention? Lectures? Role plays (skills practice)? Experiential techniques including visiting 12 step meetings, other site visits (methadone clinic)? Use of guests in recovery? Standardized patients?

Project Learning Objectives

Project Description

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- What will the learners be able to do after participating in your project?
- These should be specific, focused and measurable
- Use verbs that describe action (see list of action verbs*) and can be observed and measured *for example*:
 - learners will be able **to *describe*** the neurobiology of opioid use disorder
 - learners will be able **to *demonstrate*** a brief intervention for a patient with risky alcohol use

***Watch me....describe, demonstrate, summarize...NOT understand, appreciate...**

Project Evaluation

Project Description

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- What will be your outcome measures? What measures will you use to determine if the intervention was successful?
- What tools will you use to evaluate the project? (e.g., pre and post test, focus groups, chart audits?)

Resources and Facilitators

Project Description

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- Who is available to help you accomplish your objectives for this project e.g., your mentor, program director, clinic preceptors, inpatient attendings, other faculty, CRIT faculty, etc.
- What teaching tools will you use? (articles, PowerPoint presentations, CRIT materials, web-based curricula?)

Challenges and Barriers

Project Description

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- What challenges do you anticipate and how will you overcome them? (What might impede accomplishing your project e.g., lack of time, lack of money, reluctant learners?)

Action Steps and Timeline

Project Description

Project Learning Objectives

Project Evaluation

Resources and Facilitators

Challenges and Barriers

Action Steps and Timeline

- List each step required to complete your project and a target deadline for each step of the project
- Remember, ideally your project should be completed during first 6 months after attending CRIT/JFIT but certainly can be implemented during the entire year

SUTP ACTION STEPS and TIMELINE:

(List the steps required to complete your project & target time period for completion.)

Action Steps	Resources	Timeline
Background work: <i>(e.g. learner needs assessment, negotiation with stake holders, etc.)</i>	<i>e.g. Meet w/ Program Director</i>	<i>e.g.: 1st month</i>
Implementation Phase:		
Evaluation Phase:		

SUTP 2024 Schedule

1:1 core faculty mentoring meetings

Meeting #1 (30 minutes)

➤ Monday

Meeting #2 (30 minutes)

➤ Tuesday



Samples of CRITter Accomplishments

The Patients in Recovery (PIR) Perspective: Teaching Physicians About Methamphetamine

Alexander Y. Walley, MD, MSc
Karran A. Phillips, MD, MSc
Adam J. Gordon, MD, MPH

Alex Walley, MD **CRIT 2003** | *University of California, San Francisco*

Teaching Internal Medicine Resident Physicians About Alcoholics Anonymous: A Pilot Study of an Educational Intervention

Adam J. Rose, MD
Melissa R. Stein, MD
Julia H. Arnsten, MD, MPH
Richard Saitz, MD, MPH

Adam Rose, MD **CRIT 2004** | *Montefiore Medical Center, NY*

Which skills are associated with residents' sense of preparedness to manage chronic pain?

Aaron D. Fox, MD, MS; Hillary V. Kunins, MD, MPH, MS; Joanna L. Starrels, MD, MS

Aaron D. Fox, MD, MS **CRIT 2007** | *Montefiore Medical Center, NY*

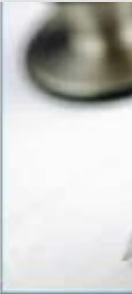
Samples of CRITter Accomplishments

Revising residents' addiction experience: a 1-week intensive course

Elenore Patterson Bhatraju, Andrew Chang, Jessica Taff & Kathleen Hanley

Andrew Chang, MD CRIT 2011 | *NYU Medical Center*

Knowledge of Addiction Medicine among Internal Medicine Residents and Medical Students



By Angel T. Brown, MD; Victor O. Kolade, MD; Lisa J. Staton, MD; and Neha K. Patel, BS

Angel Brown, MD CRIT 2011 | *University of Tennessee*

ORIGINAL RESEARCH

Training internal medicine residents to manage chronic pain and prescription opioid misuse

Allison L. Ruff, MD^a, Daniel P. Alford, MD, MPH^b, Robert Butler^c, and J. Henry Isaacson, MD^f

Allison Ruff, MD CRIT 2014 | *Cleveland Clinic*

An opioid overdose curriculum for medical residents: Impact on naloxone prescribing, knowledge, and attitudes

Jessica Lee Taylor, Alison B. Rapoport, Christopher F. Rowley, Kenneth J. Mukamal & Wendy Stead

Jessica Taylor, MD CRIT 2015 | *Beth Israel Deaconess Boston, MA*


Samples of CRITter Accomplishments

A Resident-Led Intervention to Increase Initiation of Buprenorphine Maintenance for Hospitalized Patients With Opioid Use Disorder

Ashish P Thakrar, MD^{1*}, David Furfaro, MD², Sara Keller, MD³, Ryan Graddy, MD⁴, Megan Buresh, MD¹, Leonard Feldman, MD⁵

Ashish Thakrar, MD CRIT 2019 | *John Hopkins School of Medicine*

Treating Withdrawal and Pain in Inpatients With Opioid Use Disorder: A Brief Educational Intervention for Internal Medicine Residents

Ayako Wendy Fujita, MD , Anna LaRosa, MD, Andrea Carter, MD, MS 

Ayako Wendy Fujita, MD CRIT 2019 and FIT 2022 | *Emory University*
Anna LaRosa, MD CRIT 2019 | *University of Pittsburgh*

Samples of CRITter Accomplishments



"Use of Mini-CEX as a direct observation tool to assess and give feedback to residents on screening and brief intervention for alcohol use"

Rosita Frazier, MD, PGY-3, James Hanley, MD, Janet F. Williams, MD.

INTRODUCTION

Alcohol and substance abuse is a major health problem. Alcohol use disorders (AUD) have significant adverse effects on health and psychosocial issues of patients; unfortunately it is generally recognized late, emphasizing the need for appropriate screening and early intervention in an attempt to alter this course. To address this need we require that residents learn and demonstrate competence in Screening and Brief Intervention (SBI) for AUDs.

Although well-developed methods exist to teach and assess Resident knowledge, little exists to evaluate SBI clinical competency. The Mini-CEX is a valid and reliable tool developed by the American Board of Internal Medicine (ABIM) for direct faculty observation to assess clinical skills, attitudes and behaviors in Resident-patient interaction. We modified the Mini-CEX to assess Resident SBI skills and provide performance-based feedback about observed patient interactions.

METHODS

IM Residents and faculty were trained in SBI. We conducted a pre-test before the SBI didactics to assess how frequent Residents screen for AUDs, their knowledge attitudes and confidence on screening and brief intervention. We conducted a post-test after didactics and an additional post-test after the Mini CEX to determine the likelihood that residents would screen for AUD, their attitude, knowledge and confidence. Further, we asked the Residents' perception of the value and relevance of this tool to their career.

The Mini-CEX form with permission from the ABIM was adapted to reflect BI components. Faculty conducted Mini-CEX and provided immediate feedback. Residents evaluated both the process and their SBI competency achievement

ADAPTED COMPETENCIES			
Competency	Resident	Faculty	Observer
I. Medical Interviewing Skills			
History taking	7	8	9
Physical examination	7	8	9
II. Physical Examination Skills			
History taking	7	8	9
Physical examination	7	8	9
III. Physical Examination Skills			
History taking	7	8	9
Physical examination	7	8	9
IV. Clinical Judgment			
History taking	7	8	9
Physical examination	7	8	9
V. Counseling Skills			
History taking	7	8	9
Physical examination	7	8	9
VI. Organization, Management			
History taking	7	8	9
Physical examination	7	8	9
VII. Medical Clinical Competency			
History taking	7	8	9
Physical examination	7	8	9
Resident Signature			
Observer Signature			



	Pre Test	Post Didactics	Post Mini-CEX
Knowledge	25%	42%	71%
Confidence	16%	58%	67%

- Confidence on screening and Brief Intervention increased from 16% to 67% after Mini-CEX
- We also found that after Mini-CEX use there was a further enhancement of knowledge and attitudes.
- Most Residents (91%) indicated the Mini-CEX was very helpful, compared to 66% for didactics only.
- Residents agreed that the mini-CEX helped identify areas needing BI technique improvement.

CONCLUSIONS

Our overall goal was to improve alcohol screening and brief intervention understanding and to increase clinical skills competency. The SBI Mini-CEX facilitated SBI training and significantly improved SBI knowledge, attitudes, skills development and self-awareness. Residents found the SBI Mini-CEX tool to be valuable in their development. The adapted Mini-CEX is a valid faculty tool to assess SBI competency with a real-time experiences.

RESULTS

- After formal SBI didactics and online training, we found that the residents likelihood to screen, improved in 41%.

**Project developed during CRIT Program in Addiction Medicine, May 2011*

Rosita Frazier, MD CRIT 2011
University of Texas

Implementing a brief, interactive SBIRT training curriculum for internal medicine residents
Patricia Ng, MD & Mindy Sobott, MD, MS, MPhD
Department of Medicine, Alpert Medical School of Brown University

Background

- Screening, brief intervention, and referral to treatment (SBIRT) is a validated approach to reduce alcohol and drug-related harm and improve patient outcomes.
- SBIRT is a brief, evidence-based approach to identify and address alcohol and drug use problems in primary care settings.

Objectives

- Develop a curriculum for SBIRT training for internal medicine residents.
- Implement a curriculum for SBIRT training for internal medicine residents.
- Assess the impact of the curriculum on resident knowledge, attitudes, and skills.

Setting and Participants

- Internal medicine residents at Alpert Medical School of Brown University.
- SBIRT training was implemented in the first semester of the curriculum.

Program Description

2.5 hour workshop

- Screening**
 - Identify at-risk and high-risk patients
- Counseling**
 - Provide brief counseling
 - Identify and refer to treatment
- Referral**
 - Identify and refer to treatment
 - Provide brief counseling

Evaluation

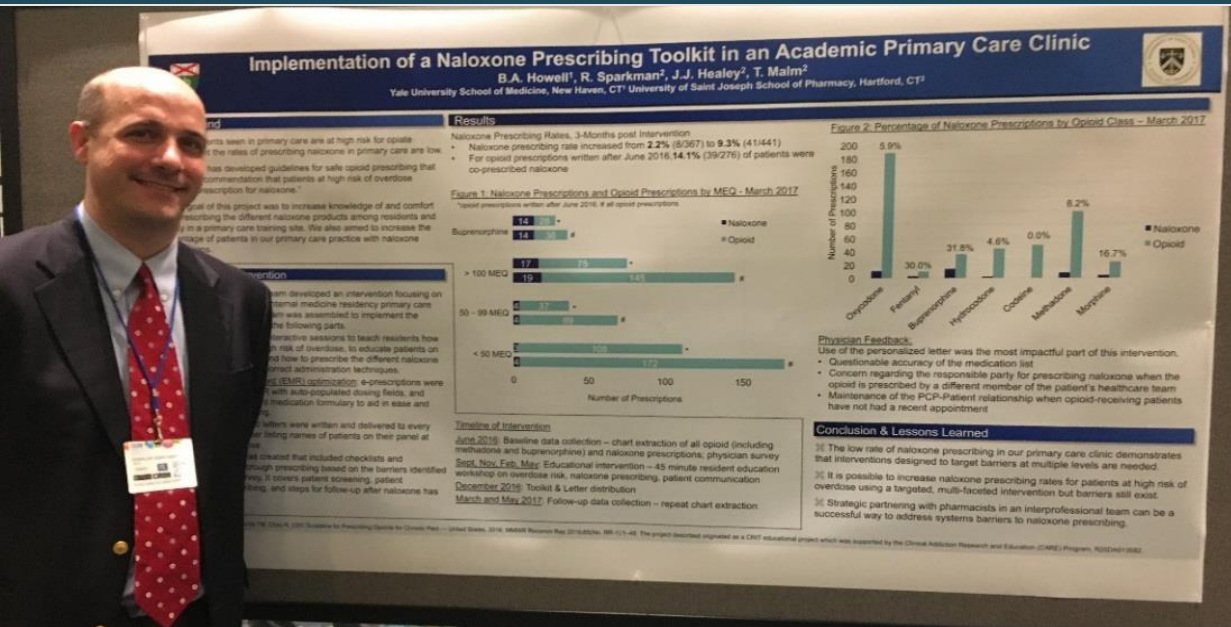
- Residents were asked to implement SBIRT and email a reflection about their experience.
- Developed a qualitative analysis of the resident reflections to identify major themes.
- As of February 2015, a SBIRT workshop was completed and 36 residents were trained.

Discussion/Lessons Learned

- High satisfaction with an interactive SBIRT curriculum.
- "I thought the session in general was great... I did find that it was a more helpful way of learning about SBIRT, and was able to use it as a platform [to educate patients]."
- Request for more role play practice to improve counseling skills.
- "I liked the observation of patient-doctor interactions. It allowed me to see which were most helpful."
- Increased detection of unhealthy alcohol use with the single-item screen.
- "I found this to be helpful as it is a quick question that allows you to learn more about the patient quickly and give opportunity for counseling."
- Increased satisfaction with patient encounters after using SBIRT.
- "The change in focus during the conversation to a more patient directed interview was surprisingly comfortable and natural, a positive experience."
- Study limitations:
 - Small number of resident responses (feedback 30% response rate).
 - Lack of objective measurement for resident in practicing the skills.
- Future goals:
 - To complete a additional SBIRT workshop.
 - Request residents to complete at least a SBIRT consultation.

Patricia Ng, MD CRIT 2015
Brown University

Samples of CRITter and CRIT-FM Accomplishments



Benjamin Howell, MD CRIT 2016
Yale University

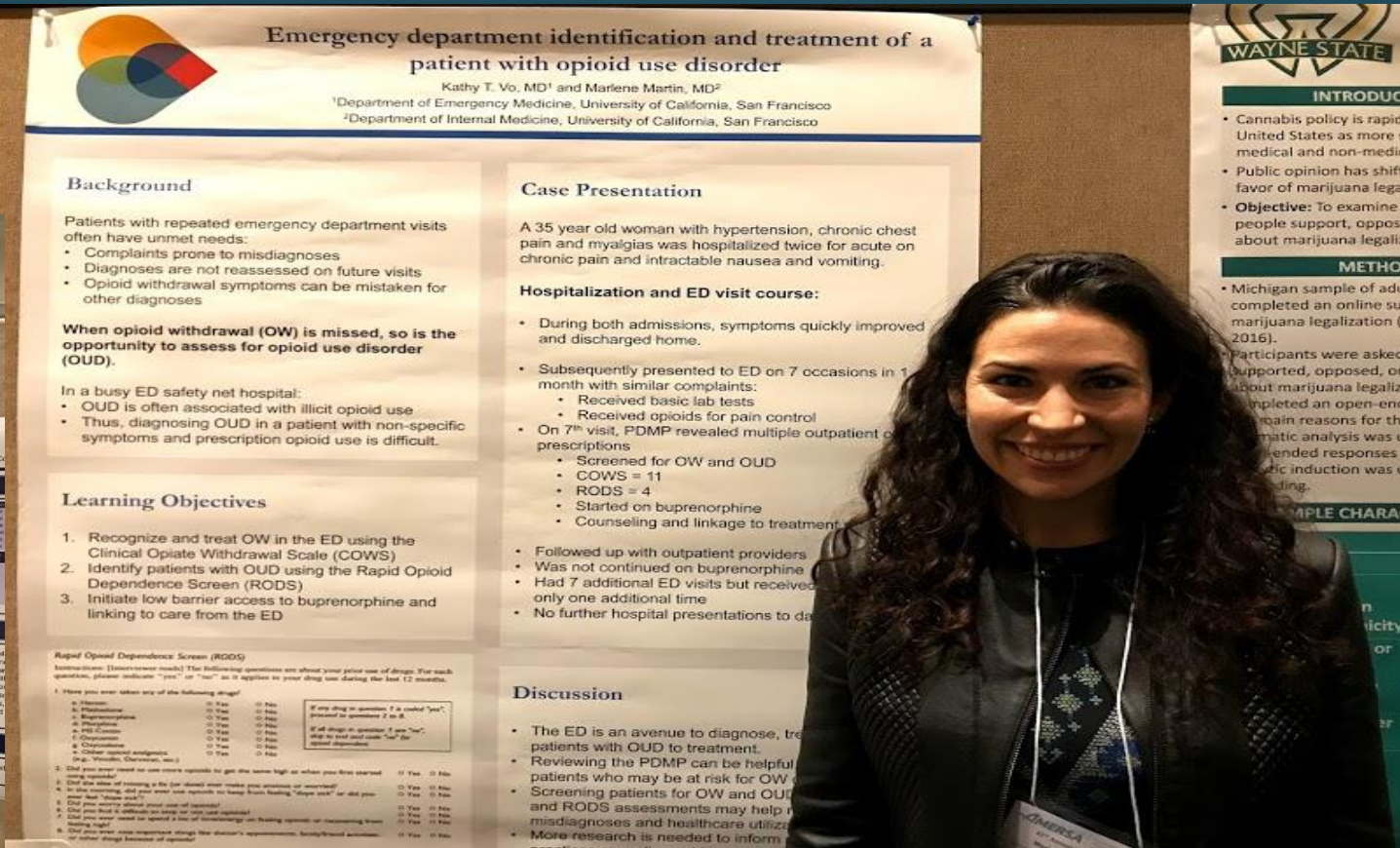


Seth Clark, MD CRIT 2017
Brown University

Samples of CRITter and CRIT-FM Accomplishments



Marlene Martin, MD CRIT-FM 2017
Stanford University



Marlene Martin, MD CRIT-FM 2017
Stanford University

Questions?