

Orientation to Lunch with Guests with Living Experience

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Learning Objectives

1. Understand how health care providers and the health system can either support or undermine the care of patients with a substance use disorder.
2. Empathize with the experience of being a patient with substance use disorder engaging in the healthcare system
3. Consider partnering with people who identify as having a substance use disorder to teach your learners



Guidelines

- Guests will be at tables already
- Keep it personal
- Everyone should be able to ask questions
- One faculty/table- can help move along conversation



Suggested Topics

- Barriers and facilitators from healthcare providers and the healthcare system
- Impact of substance use on family, health, relationships, and life goals
- Trajectory of use throughout life
- How providers are currently involved
- What it was like to try to quit
- Treatment experiences
- Views on abstinence and harm reduction



Guest preparation

- Keep it personal
- Not a testimonial
- Ok to say “I’d rather not discuss this”
- Guests eat lunch prior



Organizational Details: Guests

- Identifying Patients through providers
- Orientation to setting, learners, kinds of questions, time limits
- Answer questions/concerns
- Provide cell phone/reliable contact information
- Meet 30-60 minutes earlier to go over questions
- Be prepared for possible last minute cancellations



Organizational Details: Learners

- Create (or borrow) learning objectives
- Orientation/Debrief time
- Reminder about being respectful
- Guests have the option not to answer
- Suggested Topics



Other Considerations

- Speakers don't always talk about what you want them to
- Potential for cancellations
- Logistics
- Choosing a patient in shorter term recovery or who is actively using



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

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ABSTRACT. Methamphetamine dependence is an emerging epidemic confronting physicians. In an effort to improve understanding of its impact, the authors presented an educational workshop at a national meeting for general internists featuring small group discussions with patients in recovery (PIR) from methamphetamine dependence. Participants rated the workshop highly, stating it would lead to concrete change in their teaching, research, or patient care practices and they would invite the workshop to their institution for presentation. Direct interaction with PIR was the most valued aspect of the workshop. Lessons learned included patient's fear of being "turned in" limits disclosure of methamphetamine use to physicians; active users have little insight into methamphetamine-related changes in physical appearance; and a sense of productivity reinforces ongoing methamphetamine use. Workshops that include small group discussions between physicians and PIR are an innovative, practical, and acceptable method to teach physicians about their role in helping patients with substance dependence.

KEYWORDS. Methamphetamine abuse, physician education, substance abuse training

INTRODUCTION

Substance use disorder (SUD) education has typically focused on the medical complications of late-stage alcohol dependence, probably be-

cause these complications are most commonly recognized in hospitalized patients where medical student and residency training has been focused (1). With the demonstrated benefit of screening and brief intervention techniques to

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