

The Immersive Learning Experience: Building an Interprofessional Addiction Medicine Practice into the Family Medicine Clerkship

Laurel B. Witt, MD, M.Phil^{1,2}, James Kleoppel, PharmD³, Duncan Rotich, MS⁴, K. Allen Greiner, MD, MPH^{1,2}

¹University of Kansas School of Medicine (KUSOM), ²Department of Family Medicine, ³School of Pharmacy, ⁴Department of Biostatistics

Corresponding author: Laurel B. Witt (lwitt2@kumc.edu)

Background

National reviews of medical curricula indicate insufficient exposure to substance use disorders (SUDs) and their management [3]. Rates of SUDs are on the rise nationally [1].

Our family medicine (FM) clerkship enjoys an existing robust interprofessional curriculum. All clerkship students work in our Interprofessional Teaching Clinic (IPTC), a real practice environment within our FM clinic where interprofessional teams of students care for patients and present to attending providers from medicine, psychology, pharmacy, nursing, social work, occupational therapy, physical therapy, and dietetics.

The management of SUDs is inherently interprofessional. Family doctors who practice addiction medicine find themselves working with psychologists, pharmacists, and social workers.

Purpose

- Build an interprofessional SUD-devoted practice within our existing IPTC clinic, partnering with the FM clerkship.
- Teach concepts on the evaluation and management of SUDs in the clinical moment with real patients, from an interprofessional perspective.
- Hold this SUD-devoted practice on 1 half-day per week, hosting approximately 5 medical students, 5 pharmacy students, 1 psychology student, and 1 social work student per clinic. Faculty from family medicine, pharmacy, psychology, and social work are present. Approximately 5 patients with SUDs are seen per clinic.
- Study medical students' beliefs and attitudes about addiction, patients with SUDs, and interprofessional education/practice pre- and post-clerkship.

Methods

Kansas City-based FM clerkship students were asked to complete 2 surveys in the 1st and last weeks of their clerkship (pre- and post-).

1. The Substance Abuse Attitude Scale (SAAS), measures attitudes towards drugs, people with SUDs, and SUD treatment.
2. The Interprofessional Attitudes Scale (IPAS) measures attitudes toward interprofessional education and practice.

Student completion of the surveys was optional, and their responses were de-identified. We received KU IRB approval for this study.

Survey responses were analyzed in an unpaired pre-/post- fashion using a signed rank test generating two-sided p-values. Respondents were paired in their pre- and post- responses from clerkship 5 only.

Early Results

- Our SUD practice curriculum affected approximately 120 KU third-year medical students, 62 pharmacy students, 4 psychology students, and 1 social work student during the 2017-18 academic year.
- Sixty-four (64) medical students completed the SAAS and IPAS surveys pre-clerkship, and 50 medical students completed them post-clerkship.

Discussion

- *No significant change* in the students' beliefs about drugs pre-to-post clerkship. E.g., they weakly agreed with "marijuana should be legalized" and disagreed that "daily use of marijuana is not necessarily harmful"; and changes in their responses post-clerkship were not statistically significant.
- *No change* in their assessments of addiction, which were mostly accurate pre-clerkship. They disagreed with "an alcohol- or drug-dependent person who has relapsed several times probably cannot be treated". They agreed with "drug addiction/alcoholism is a treatable illness". Their responses to these statements did not significantly change post-clerkship.
- **Significant change:** they agreed more strongly post-clerkship with "urine drug screens can be an important part of treatment of drug misuse" (P=0.0013). This change could suggest that our curricular content was effectively taught.
- **Significant change:** they became significantly more disagreeable post-clerkship toward "most alcohol- and drug-dependent persons are unpleasant to work with" (P=0.0436). This suggests that exposure to real people with SUDs in a practice and learning environment improves their sympathy toward patients with SUDs.

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References

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