

MEDICAL EDUCATION

Addressing Substance Abuse in Clinical and Educational Settings

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National data shows that 1 out of 7 patients aged 12 and over currently have a substance use disorder, totaling close to 40 million people.¹ This epidemic places demands on the healthcare system to evolve and incorporate patient centered, evidence-based practices to address substance misuse.^{2,3} But how do we address and treat a disorder that many still do not recognize as a disease? How can we stress the consequence of substance use and the need for clinical concern if we, as a profession, haven't studied or trained in the science or practical skills?

Northwell Health and the Zucker School of Medicine have worked to ensure that each medical student and faculty member undergoes training on substance use, addiction, and the core communication strategies necessary to engage patients. Northwell Health's Screening, Brief Intervention, and Referral to Treatment program (SBIRT) trains frontline healthcare professionals to address substance use at each patient encounter. We identified gaps in education as one of the key factors leading to avoidance and discomfort with the topic prompting strategic planning that brought the focus from the clinical arena, to the educational realm.⁴ These experiences highlighted the need to start training early in one's career.

The Core Mission

Northwell Health's Division of General Internal Medicine, Department of Emergency Medicine, and the Department of Psychiatry, along with partners, The National Center on Addiction and Substance Abuse (CASA)

and NYS Office of Alcoholism and Substance Abuse Services (OASAS), received a service grant from the Substance Abuse and Mental Health Administration (SAMHSA) to implement SBIRT within Emergency Medicine and Primary Care settings. This opportunity to expand clinical care in support of an underappreciated disease process served as a driver for shift in organizational practices. The SBIRT program served to initiate a dialogue about how we, as an organization, and as individual healthcare professionals, can rethink, reframe, and revisit the use of substances in a humanistic and empathetic way. We emphasized that this is a disease process relevant to usual care, and, that we needed to find ways to support our patient population and communities. The challenge of the interprofessional and interdisciplinary team was to enhance awareness, skills, and comfort. The discomfort we were detecting from clinical team members that were now being asked to universally address substance use with all patients stemmed from lack of dedicated education and training. Yet stigma, biases (conscious and unconscious), competing priorities (lack of time and reimbursement), all played a role in the hesitation to 'do more.'

Building a Medical School Curricula

In early 2014, leadership of Northwell SBIRT and members of the SOM faculty co-taught our first year 2-hour course on alcohol use. With the directors of Zucker's Medical Communication Faculty, we explored ways to improve curricular efforts

surrounding this topic beyond the single session. Based on student and faculty feedback, as well as the SBIRT effort that was underway at the health system, and the issues our communities were facing, we developed a robust 4-year longitudinal curriculum titled "Addressing Substance Use". The curriculum is therefore delivered and facilitated by an interprofessional group of clinical team members which emphasizes the need for team-based approaches to serve patients in need. The focus has been on communications, and the importance of addressing substance use with all patients using a non-judgmental approach.

In 2015, we complemented our session on the spectrum of alcohol use and readiness for behavioral change with practice with standardized patients, a mandatory visit to an AA meeting, a written reflection, and an OSCE (objective structured clinical examination). In 2016, the footprint expanded to close to 8-hours. The courses shifted with a direct focus on the SBIRT program at Northwell. In addition to the previous year's dynamic experiences, the sessions introduced evidence-based screening tools for alcohol and drugs, the art of the brief negotiated interview, end-of-course essay questions, and offerings for on-site clinical shadowing of SBIRT Health Coaches (non-licensed clinical team members) in emergency medicine or primary care.⁵ The topic garnered interest of many students, and we invited our first summer research student to work with our team.

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The iterations continued in 2017. We grew to 12 dedicated hours, now incorporating third-year and fourth-year students. Within the psychiatry clerkship, we incorporated a case-based conference and clinical encounter with a standardized patient (formative, and then summative), and offered a 2-week SBIRT elective affording students the opportunity to work with an interdisciplinary and interprofessional team spanning EM, IM, and Substance Abuse Services—demonstrating the spectrum of disease, and varying touchpoints to support those in need.

Spring 2018 will realize the largest expansion of the “Addressing Substance Use” curriculum when a third-year core week (interrotation transition) will incorporate the opioid epidemic as a common theme. This will include 10-hours dedicated to knowledge and skill-based sessions on addiction, pain management, quality improvement, patient and family perspectives, and overdose prevention training. This will bring the footprint to 25+ hours of dedicated curricular time, as indicated in the image.

Key Lessons Learned

- The value of transparently identifying critical gaps in care and education can help inform

discussions within organizations.

- Promoting a team-based approach to interdisciplinary interprofessional programmatic development, implementation, execution and dissemination, emphasizes the relevance of substance use in all disciplines of medicine. We purposely did not incorporate the curriculum under Medicine, Emergency Medicine, or Psychiatry.
- Cultivating our Communications Faculty as substance use educators emphasizes that clear communication and empathy skills are critical to success in addressing substance use with patients.
- If you build it, they will come—we have been able to cross organizational boundaries to adapt elements of this curriculum to offer to other Health Professional programs; social workers, nurse practitioners, dieticians, pharmacy, and physician assistant training programs.
- We are incorporating elements of the curriculum into our residency programs (IM, EM, Psychiatry, and Pediatrics), fellowship programs, and faculty development programs within Northwell and beyond (regionally and nationally).

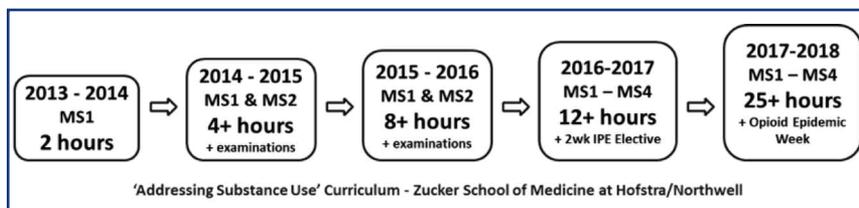
Strategic Full Circle

We began with a grant funded project to incorporate protocols to address substance use as part of usual care, but quickly learned that an undercutting element existed in the form of lack of education and training, which were needed to facilitate a successful clinical program. In attempts to help motivate a shift in our culture, we identified core strategies that needed to be part of our programmatic roadmap. When speaking of organizational change, and the need to identify clear drivers and barriers for the intended change, the educational gap highlighted potential opportunities for the team.

Working alongside multiple clinical departments within Northwell Health and faculty at the Zucker School of Medicine, the largest healthcare organization in New York State embarked on a journey of inclusion—from clinical frontlines to our next generation of clinicians. Our frontline training informed medical school curricula development, which in turn is helping to motivate and model best practices.

Our students have now become ambassadors and champions based on their thoughtful engagement and education. The collateral benefit of focusing efforts earlier on in the career process will undoubtedly challenge the norm and help drive Health System cultural change/acceptance of the disease process that substance use and addiction represent. Our intention is that as our students, residents and other clinical team members progress in their careers,

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they will disseminate the empathetic and humanistic approaches they have learned and practiced.

References

1. The National Center for Addiction and Substance Abuse at Columbia University. Addiction medicine: Closing the gap between science and practice. <https://www.centeronaddiction.org/addiction-research/reports/addiction-medicine-closing-gap-between-science-and-practice>. Published June 2012. Accessed December 28, 2017.
2. SAMHSA-HRSA Center for Integrated Health Solutions. SBIRT: Screening, Brief Intervention, and Referral to Treatment. <https://www.integration.samhsa.gov/clinical-practice/sbirt>. Accessed December 28, 2017.
3. Vaughn B, Williams A. SAMHSA-HRSA Center for Integrated Health Solutions. Integrating addiction and primary care services. <https://www.integration.samhsa.gov/about-us/esolutions-newsletter/integrating-substance-abuse-and-primary-care-services>. Accessed December 28, 2017.
4. Ram A, Chisolm MS. The time is now: Improving substance abuse training in medical schools. *Acad Psychiatry*. <https://doi.org/10.1007/s40596-015-0314-0>. Accessed December 28, 2017.
5. D'Onofrio G, Bernstein E, Rollnick S. Motivating patients for change: a brief strategy for negotiation. In: Bernstein E, Bernstein J, eds. *Case Studies in Emergency Medicine and the Health of the Public*. Boston, Mass; Jones and Bartlett: unit IV, chapter 31. 1996.

Acknowledgments: The article is based on collaborative efforts supported by multiple team members at Northwell Health and the Zucker School of Medicine at Hofstra/Northwell. Special thanks to Jonathan Morgenstern, PhD, Nancy Kwon, MD, Joseph Conigliaro, MD, MPH, Jeanne Morley, MD, Mark Auerbach, MD, Bruce Goldman, LCSW, Daniel Colette, PhD, Megan O'Grady, PhD, Charles Neighbors, PhD, Alice Fornari, EdD, RD, Joseph Weiner, MD, PhD, Judith Brenner, MD, Samara Ginzburg, MD, Taranjeet Ahuja, DO, Melissa Pawelczak, MD, Arya Soman, MD, Rebecca Dougherty, MD, and all the dedicated SBIRT Health Coaches of Northwell Health. The views, statements, and opinions presented are solely the responsibility of the authors.

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