Faculty of Medicine Curriculum Refresh
Working Group Recommendations

Instructions:

- Feel free to include other documentation(s) that would be helpful.
- In the "Recommendations" section, please use one form per recommendation, and copy and paste as many recommendation tables as needed.
- Please ignore questions that may not be relevant nor appropriate for your working group.
- Please prepare this document for the intended audience which may include unit heads, year committees, UMECC, UGME, etc.

Background

Working group:	Addictions
Scope / Description of theme of working group:	The working group has focused on the following topics: recognition, assessment and management of addictions, assessment and management of acute and chronic pain, and opioid-related issues such as opioid misuse, opioid maintenance therapies, and the use of opioids in pain management.
Sources of information consulted (Include literature reviews, best practices, student evaluations, stakeholder group consultations, etc):	Perspectives of working group members, which includes medical students, nurses involved in the care of patients with acute and chronic pain and addictions, addictions medicine clinicians, acute and chronic pain physicians, and a scientist involved in pain medicine research. The current curriculum was reviewed and assessed for deficiencies in the curricular content.
Did the committee identify any gaps in the curriculum in relation to the working group's theme?	Yes: X No: _____

What would be the benchmarks for a successful implementation of the recommendations?	

Recommendations
(Please use one form for each recommendation.
Please prioritize your recommendations in order of implementation.)

Recommendation #	**1**
Identified gap in the curriculum	**Working group recommendation**
An approach to substance misuse and development of a professional attitude and understanding towards patients with misuse disorders (this was a gap that was identified by clinicians who work with medical students). It was thought that by the end of medical school, a student should be able to: -talk with patients about substance misuse -address and identify substance misuse -be comfortable with direct patient contact and assessment -identify clinical features of substance dependence (physical effects as well as social and emotional) -have a professional attitude and understanding towards patients with misuse disorders	Add to the curriculum the following topics: -stigma and substance use disorder (https://www.canada.ca/en/public-health/services/publications/healthy-living/reducing-substance-use-stigma-health- system-infographic.html -definition and screening of substance use disorders -motivational interviewing -consistency of terminology – it would be important to use current terminology throughout teaching materials – the diagnoses of substance abuse and substance dependence went out with the DSM-IV, but of course the term “dependence” still might be appropriate when referring to physical dependence and risk for withdrawal (https://www.changingthenarrative.news) -pathophysiology of substance use disorder -barriers for people with substance use disorder to obtain care -detox therapies and access to them -family-centred care and substance use disorder

	-drug policies and criminalization – how drug policy in Canada has affected the management and treatment of people with substance use disorders (resources: https://harmreductionto.ca/racism-and-drug-policy, https://ricochet.media/en/1951/un-report-finds-canadian-drug-policy-is-failing- racialized-communities, https://www.ajpmonline.org/article/S0749-3797(19)30351-4/fulltext"
Resources required for implementation	**Which Dal EPAs are affected by the recommendations? (List of EPAs provided at the end of the document.)**
None aside from the logistics of arranging panelists, Simulated Patient training, and observerships at local centres such as Direction 180	P1, P2, P3, C2, C3, S1, S3, S4
Is this a new objective or a modification of a current objective?	**Type of student assessment**
These recommendations are modifications of current objectives	
Which year(s) and unit(s) does this recommendation affect?	**Delivery format (i.e. lecture, tutorial, clinical skills, etc.)**

-Intermingling advocacy throughout SUD lectures/tutorials (what are the different types of advocacy, how can we do this as med students? As physicians?)

-Learning of SUD can be spread out throughout Med 1 & 2. SUD can be brought up in cases in:

Metabolism: how does their addiction effect their management of diabetes, or cardiovascular disease. How could SUD effect their adherence with medications used to manage a physical illness, etc. It could be good to sneak substance use in these cases – it doesn't have to be a full day discussion on it, but perhaps reminding students that you can screen for substance use, offer advice, and perform motivational interviewing.

Human resources: screening for substance use, or managing SUD in a person with pregnancy.

Skilled clinician – Workshops, modules, group discussions, or even encounters with SPs would be beneficial.

Professional Competencies: Panel discussion, with a group of people who have/had SUD.

Overall, SUD is only mentioned in the Neuroscience block, and makes it seem like it is only an issue in Psychiatry. The reality is that most doctors will encounter patients with SUD.

-Med 1 and 2 in terms of content

-Med 3 and 4 could include OSCE stations

-clinical experiences at Direction 180, Mobile Outreach Street Health clinic
-case-based learning around: inpatient or outpatient addictions management, overdose management, pain management for patients with addictions, substance use disorders in parturients and effects on newborns
-lectures on substance use disorders: the only 'therapeutics' lecture on this topic presented in the Neurosciences unit was thought to be too didactic and congested with information – with no cases, it did not engage the students
-interactive learning environments – one member suggested the use of a panel of individuals with past/current substance use disorder to help students better understand that there are humans behind the stigmatized label of "addict"
- Clinical scenarios outside of primary care: Outside of primary care, most students will come across patients presenting with the medical complications of unhealthy substance use or substance use disorders, eg. someone admitted with peptic ulcer disease at risk of alcohol withdrawal, or someone with endocarditis from injecting hydromorphone tabs. It might be helpful to include some of those scenarios in teaching materials to help student understand how to incorporate addiction medicine into other aspects of acute medicine, what can be done up front in hospital and what resources exist to refer on discharge. Since "SBIRT" doesn't work for criminalized/illegal substances, providers in acute care can do a ton to help get people connected to treatment. (Here is a very detailed guideline on managing substance use in acute care, but the executive summary is on pages 2-3: https://crismprairies.ca/wp-content/uploads/2020/02/Guidance-Document-FINAL.pdf"
- SP interaction, chronic pain/CAM, addiction screening, talking about how to safely store medications/risks/benefits of opioids use

-all units since addiction medicine transcends all areas of medicine	-we recommend that patients have the opportunity to present their illnesses and experiences with addiction to medical students to promote understanding and empathy within future clinicians -we recommend increasing opportunities for students to be involved in local clinical addictions medicine clinics, such as Direction 180 and the Mobile Outreach Street Health Clinic -we recommend lectures/panels/cases that address the intersectionality between addictions and homelessness and introduction of initiatives such as Housing First

Additional information:

Recommendation #	**2**
Identified gap in the curriculum	**Working group recommendation**
Not enough coverage of pain management in the curriculum	Add to the curriculum the following topics: -assessment and pathophysiology of acute and chronic pain -non-opioid pain management strategies -biopsychosocial model of pain -review of specific pain conditions (eg. fibromyalgia, cancer pain) -role of collaborative care in managing pain -importance of managing acute pain -use of cannabis in pain management
Resources required for implementation	**Which Dal EPAs are affected by the recommendations? (List of EPAs provided at the end of the document**

	L1, L2, L3, S3, S5
Is this a new objective or a modification of a current objective?	**Type of student assessment/evaluation**
These recommendations are modifications of current objectives	
Which year(s) and unit(s) does this recommendation affect?	**Delivery format (i.e. lecture, tutorial, clinical, etc.)**
-prescription doses lecture in PIER -Med 1 and 2 in terms of content -this could best be introduced in Med 1 and carried through pre-clerkship in tutorials for case-based learning (eg. in a human development tutorial there might be a question about pain management in early labour, or whether opioids can be given when breastfeeding). This objective should be reiterated during PIER prior to clerkship, at this point with particular emphasis on prescribing practices for post-op pain and pain management in a primary care setting. Emphasize opioid stewardship, morphine equivalence, opioid selection, initiation, titration, switching/cross-tolerance, tapering, harm-risk assessment -Med 3 and 4 could include OSCE stations	Lecture and tutorial

Additional information:

Recommendation #	3
Identified gap in the curriculum	**Working group recommendation**
Not enough coverage of the Canadian/global response to the opioid crisis and how students/physicians can make a change	Add to the curriculum the following topics: -introduction to opioids including routes of use and opioid conversions -approach to identifying opioid dependence -introduction to opioid maintenance treatment -understanding of opioid-poisoning deaths (https://www.sciencedirect.com/science/article/pii/S0955395919300180?via%3Dihub, https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304187?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub++0pubmed& -management of opioid overdose
Resources required for implementation	**Which Dal EPAs are affected by the recommendations? (List of EPAs provided at the end of the document**
	C1, C2, C3, L2, L3, L4, S5
Is this a new objective or a modification of a current objective?	**Type of student assessment/evaluation**

These recommendations are modifications of current objectives	
Which year(s) and unit(s) does this recommendation affect?	**Delivery format (i.e. lecture, tutorial, clinical, etc.)**
-need a lecture in PIER1/2 about opioid prescribing -Med 1 and 2 in terms of content -Med 3 and 4 could include OSCE stations	Professional Competencies lecture on opioid crisis (NS/NB vs rest of Canada) & response (is it working? Uptake of naloxone? Wait times for OAT? How does OAT even work?), relevance of pharmaceutical industries, prescribing practices -add to lecture content how physicians can get involved in addiction medicine, when they should refer patients with addiction and to whom, logistics of prescribing methadone -a Professional Competencies lecture on opioid crisis (NS/NB vs rest of Canada) and response (is it working? uptake of naloxone? waittimes for OAT? How does OAT work?), relevance of pharmaceutical industries, prescribing practices -emphasis on advocacy and how students can get involved in various types of advocacy

Additional information:

It was highly recommended that medical students be introduced to the AFMC's Best Evidence Training for the Next Generation of Canadian Physicians on Pain Management, Opioid Stewardship and Substance Use Disorders – one of the working group members was involved in this pilot project and completed all of the modules and though that this content was not given enough attention during the pre-clerkship years.

Additional information:

Dalhousie University – Entrustable Professional Activities		
Professional	P1	Demonstrate appropriate professional attitudes and ethical commitments
	P2	Demonstrate commitment to the well being of the patient
	P3	Promote health and provide healthcare equitably
Community Contributor	C1	Contribute to the improvement of healthcare institutions and systems
	C2	Use their professional role to promote the public good
	C3	Pay particular attention to identifying inequities and the needs of the most vulnerable
Lifelong Learner	L1	Be effective lifelong learners
	L2	Participate in the creation, dissemination, application, and translation of new knowledge
	L3	Participate in the systematic improvement of clinical practice
	L4	Raise questions and bring fresh perspectives to existing practice
Skilled Clinician	S1	Perform an accurate history and physical examination in diverse populations of patients
	S2	Develop and propose a differential diagnosis and appropriate plans for investigation and management
	S3	Provide safe, supportive and evidence-based care for patients, within their scope of training
	S4	Communicate and collaborate effectively and respectfully with patients, families, and colleagues in the team environment and across the continuum of care

	S5	Help patients navigate the illness and healing experience

Summary of Recommendations
(add more rows if needed)

#	RECOMMENDATION