

## Washington State University Health Sciences Interprofessional Opioid Curriculum

*The medical student and I leaned over the patient's thigh as the student and patient re-dressed the knife wound he had received on the streets. As they finished, I asked him what else we could do to help his leg heal. Did he have a warm place to stay? Did he smoke and need help quitting? He replied, "You're probably going to hate me, but I was using [heroin] when this happened. I'm trying to stay clean, but I don't know how long I can do it." "Of course we don't hate you. No one wants to use drugs or become addicted – it's always something bad that happens to a person, or a way of coping." He teared up. "Thank you for treating me like a person. I want treatment, but it's a wait and so many hoops to jump through."*

Interprofessional team practice is a more effective approach to the treatment and management of opioid use disorder. Washington, like the United States, is experiencing an epidemic of overdose deaths from substance misuse. In 2018, the Washington State Department of Health (WADOH) contacted health sciences faculty at Washington State University Health Sciences (WSUHS), offering funding to develop an "out-of-the-box" curriculum to educate interprofessional teams of students about collaborative care of patients with chronic pain who take opioid medications. *The goal was to educate future health care providers with knowledge and collaborative skills to care for people at risk for substance misuse.* Our interprofessional team created a brief comprehensive 2-hour program to implement in academic settings for students in all health professions. We also created a program that could be facilitated by faculty from most health professions, even those without extensive experience related to pain and opioids.

In 2019, the first iteration of the interprofessional opioid curriculum (IPOC) was piloted in-person with 312 students in Washington State University Health Sciences' (WSUHS) medical, nursing, and pharmacy programs, as well as social work and addiction studies students at Eastern Washington University. Interprofessional teams of students were introduced to a fictitious patient through unfolding video vignettes, a case history with background information, screening tool results, and prescription monitoring program (PMP) information. In small teams, students discussed what they knew about the patient and collaborated to create a plan of care reflecting the patient's priorities and treatment options to address the patient's chronic pain and risk for opioid misuse. Feedback collected from both students and faculty facilitators was used to clarify content and make improvements to the curriculum and delivery methods between session offerings. Feedback from students and faculty was overwhelmingly positive and highlighted the future potential of the interprofessional education (IPE) materials.

Based on previous experience, the IPOC faculty felt student engagement could be significantly increased by using standardized patients (SPs). Student feedback highlighted that they were not "seeing" collaborative care being used in clinical rotations where patients with chronic pain were treated. With a goal of funding, hiring, and training 20 or more SPs to portray a patient with substance use issues and interact with students, our team applied for a Health Resources and Services Administration (HRSA) grant for projects integrating behavioral health in primary care practice. The proposal included a plan to implement the IPOC with interprofessional teams

of primary care practitioners in rural and underserved regions of Washington. The IPOC initiative was funded by HRSA for five years beginning summer, 2019.

Upon receiving the HRSA award, faculty contacted the Community Health Association of Spokane (CHAS), a Federally Qualified Health Center (FQHC) with clinics in 17 rural and underserved neighborhoods. The IPOC was implemented for CHAS leadership (medical director, chief nursing officer, and directors of pharmacy, social work, and behavioral health services). With enthusiasm from their leadership team, CHAS convened interprofessional teams from all 17 clinics in a conference-style setting where participants engaged in the interactive training. The goal was to use the IPOC case to identify where individual clinic teams were excelling and/or experiencing gaps in the care of patients with chronic pain at risk for developing opioid use disorder. In fall, 2019, the IPOC was implemented in a rural community at Family Medicine Chehalis, a primary practice clinic that trains residents. A CQI process incorporating feedback from participants was used to improve curriculum content and delivery methods. Faculty developed a website where the curriculum could be accessed by clinicians, students, and others interested in the IPOC ([www.opioideducation.wsu.edu](http://www.opioideducation.wsu.edu)). The website includes an extensive resource guide with links to various pain management and opioid use guidelines.

During fall 2019 and winter 2020, the faculty team adapted the student IPOC video case sessions, to one where each interprofessional team of 4-6 students interacted in-person with a SP. The team trained interprofessional faculty facilitators in delivery of the IPOC. Shortly before the twelve in-person IPOC sessions for over 350 students were slated to occur, Washington State University (WSU) and other participating universities halted all in-person classes due to COVID-19. The IPOC sessions were re-worked for a virtual format through Zoom, using the same case study with video vignettes. During each session, there was an introduction, interprofessional team discussions of roles and responsibilities, and large group discussions on using non-stigmatizing person-first language. Interprofessional teams were pre-assigned to breakout rooms and instructed to create a care plan for the patient that reflected contributions from all small group participants. Students and facilitators debriefed the students' care options and reviewed a comprehensive plan proposed by a team of faculty experts. Over 260 students participated in these virtual IPE sessions during March and April 2020. Program evaluation information revealed that many students, most who had participated in face-to-face interprofessional workshops, preferred the virtual format. 85% of post-survey respondents reported their learning was more effective or about the same as previous in-person sessions. This helped to address the challenge of how to offer similar interprofessional experiences to students located on five different regional campuses. Feedback from the virtual IPE sessions overwhelming indicated that videoconference technology can successfully be used to facilitate interprofessional collaboration while promoting access and inclusion.

In spring 2021, we adapted virtual student sessions so each interprofessional team interacted with a SP. Student teams worked in Zoom breakout rooms to review a written patient case and develop a plan for interviewing the SP. Following a brief large group discussion of the case to ensure all groups were on track, teams interviewed an SP during the second breakout session. At predetermined times, SPs exited the breakout rooms to allow teams to develop a

collaborative treatment plan. The SPs then rejoined the breakout rooms to allow teams to discuss the plan with the patient. If time allowed, the SPs gave feedback to the team. Using this version of IPOC, our team trained 768 students from multiple professions (MD, DO, DNP, PA, BSN, PharmD, and MSW) from five institutions across Washington State during eight IPE session offerings in February 2021. The feedback from students and faculty was even more positive (see Table 1).

The WSUHS faculty team received Substance Abuse and Mental Health Administration (SAMHSA) funding in 2020 to develop a case study sequel for the same patient who progresses to a diagnosis of opioid use disorder. This case focuses on medications for addiction treatment used in conjunction with interprofessional collaborative approaches to pain management. Using a virtual format, video vignettes, updated case history and screening tool results, the IPE session engages students from medicine, pharmacy, and Doctor of Nursing Practice (DNP) programs to working together on a difficult conversation with their SP. This was piloted with over 100 students in April 2021.

These IPOC sessions have enriched the current two-year core curriculum addressing the Interprofessional Education Collaborative (IPEC) competencies. They function as a bridge to more simulation scenarios and clinical experiential interprofessional team training. Interest in participating in IPOC sessions for practicing clinicians dropped to zero during the COVID-19 pandemic. Even with free continuing medical education (CME) credits, clinicians couldn't add one more thing to their workload. The WSU team is developing an "on demand" interactive web-based version of the IPOC available at no cost to interested providers. A session for members of the Spokane County Medical Society (MD, DO, PA, and ARNP's) is scheduled. Hopefully in-person IPOC trainings for clinical teams will resume in the coming year. Using an interprofessional approach and SPs for continuing education with practicing clinicians presents a great opportunity for scholarship. Faculty who developed the IPOC shared the curriculum with colleagues through virtual presentations, including the NEXUS Summit (Aug. 6, 2020; selected for curated list of outstanding online learning experiences) and the Texas IPE Consortium (May 11, 2021). It has resulted in one published article in *Currents in Pharmacy Teaching and Learning* and several posters. It has also led to student projects and collaboration with experts in the WSU College of Education and Program in Preventive Health Sciences. Dr. David Pole, Director of the Center for Interprofessional Education and Research at Saint Louis University (SLU) School of Medicine recently shared that SLU implemented the IPOC with over 650 students this spring with great success! WSU Health Sciences continues to grow its leadership, infrastructure and support in IPE including the Collaboration for Interprofessional Health Education Research and Scholarship (CIPHERS).

Taken together, the blossoming opportunities to educate interprofessional teams of students and clinicians about best practices to manage the care of patients at risk for substance use disorders (SUD) are needed more now than ever. *After graduation the student in the story contacted the preceptor about the meaningfulness of the patient experience and his commitment to interprofessional practice.* We hope that our educational program will help existing clinical teams and future providers improve compassionate care options for patients.