Preparing primary care physicians to treat addiction: Inclusion of addiction training during internal medicine residency

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INTRO:

- Physicians in general internal medicine (GIM) lack comfort and skills required to manage SUD.[1]
- Formal training in substance use within primary care specialties has traditionally been inconsistent and sparse.[2-4]
- Focus of the study was a residency program that included formal addiction didactics, rotation in an outpatient addiction clinic embedded within the resident primary care clinic, and exposure to addiction medicine faculty.[5]

METHODS:

- A survey was emailed to all GIM graduates from a single academic primary care residency program who graduated between 2016-2018 (n=53).
- The survey assessed pharmacotherapy prescribing habits since residency, comfort with SUD pharmacotherapy, overall comfort treating SUD, and experience correcting stigmatizing language or providing guidance to colleagues on the care of patients with SUD.
- A subset of respondents were interviewed regarding their experience with the addiction medicine curriculum and its impact on their current clinical practice.

RESULTS:

- 60% of graduates responded to the survey.
- 90% perceived themselves as more comfortable treating patients with SUD than their colleagues.
- All respondents felt comfortable using medications to treat SUD.
- 84% perceived themselves as more comfortable using pharmacotherapy to treat SUD than their colleagues.
- Since completing residency, 62.5% have prescribed medications for alcohol use disorder and 46% prescribed medications for opioid use disorder.
- 68% had corrected stigmatizing language heard in the workplace.
- 59% of respondents had been asked by a colleague for guidance on diagnosis or management of SUD.

Graduates of an internal medicine residency with a robust **addiction medicine curriculum** are **comfortable prescribing pharmacotherapy**, take an active role in **reducing SUD-related stigma**, and serve as a **resource for colleagues and trainees.**

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YALE PROGRAM IN ADDICTION MEDICINE

Knowledge:

"I am a big fan of the structure of having an hour didactic…and then you go straight from that to actually taking care of patients with substance use disorder. So it was very clear you could learn about interviewing techniques…and then quickly see a patient and try to apply that."

"Having…faculty who are trained in addiction medicine or boarded in addiction medicine was really helpful."

Skills:

"I felt very well-prepared as someone not planning to do addiction medicine as a fellowship, but maintaining as a generalist that I could keep that as part of my skill set and my practice moving forward after I graduated."

"The key part of the education in [addiction clinic] is that it wasn't just a place where we did motivational interviewing, but we actually prescribed buprenorphine and we saw how it was managed and we got to see patients who were stable and doing well and being treated for their substance use disorder."

"Just learning how to sort of sit down in that room and talk to people about their use… very, very useful. And that just comes from encounters, just doing encounters again and again."

Attitudes:

"Yes, I believe that it's important that people hear that they are a person first, and then they have other issues, whether it be diabetes, whether it be alcohol use disorder, or whether it be anything else… I believe in person-first language."

"I was so shocked to hear that. And right away I would say, 'We don't say that. We say use disorder'."

"If you're going to be a primary care provider, you have to do this work."

"…when patients are stigmatized, they certainly don't come in for care and they certainly don't build those therapeutic relationships with us. So that's definitely my motivation when I'm working with my trainees and with my patients just to say, 'Hey, you don't have to stigmatize this.'"