AFMC RESPONSE TO OPIOID CRISIS

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES

A Competency-Based PGME Opioid Curriculum for Family Medicine

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Faculty/Presenter Disclosure

Faculty: Dr. Lisa Graves

Relationships with financial sponsors:

- No interests in nor money received from a pharmaceutical, medical device or communications company, nor from an alcohol, cannabis, or tobacco producer or distributor
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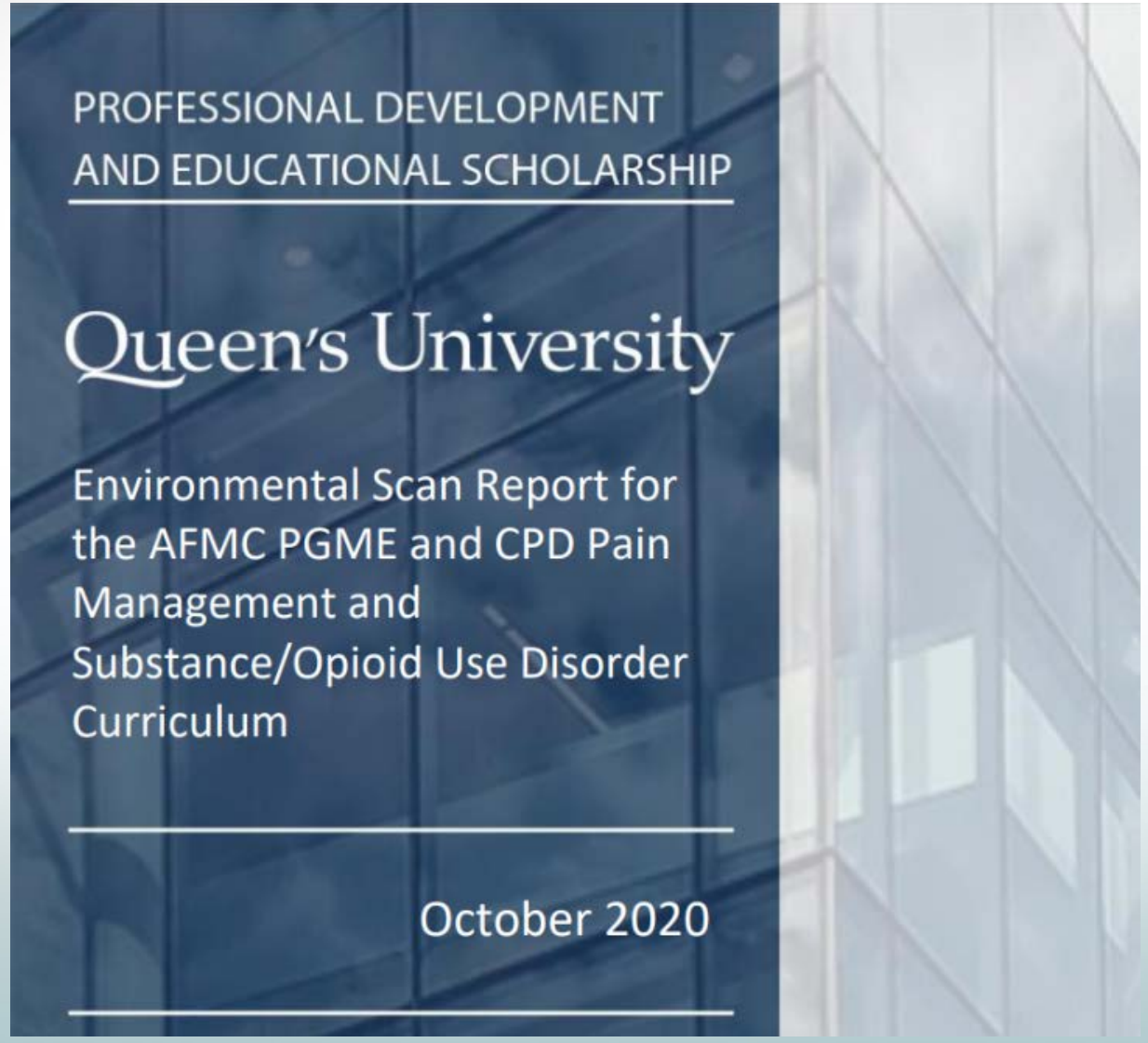
Objectives

- Demonstrate knowledge about the content and scope of the new PGME curriculum
- Identify the learning objectives and competencies of the new curriculum
- Apply the new curriculum in family medicine education

Project Overview

- The Association of Faculties of Medicine of Canada (AFMC) received funding from Health Canada's Substance Use and Addictions Program over 5 years to develop a national, comprehensive, evidence-based, bilingual, online curriculum to help address the ongoing Opioid Crisis.
- Materials have been developed for medical students, residents, fellows and practicing physicians and are being used by other health care professionals

UGME/PGME/CPD Environmental Scans



- Created with Queen's University to support AFMC's development of educational curricula on pain management, opioid stewardship, and substance/opioid use disorder for postgraduate medical education (PGME) and continuing professional development (CPD) audiences.

Competencies

Learning Objectives	CanMEDS and Competency
1a. Create an emotionally, physically, and culturally safe environment for patient interactions, within the parameters of your workplace and role.	Communicator • 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety. Professional • 1.2 Demonstrate a commitment to excellence in all aspects of practice • 2.2 Demonstrate a commitment to patient safety and quality improvement

Learning Objectives	CanMEDS and Competency
2a. Describe the evidence from the clinical and biomedical sciences for safe and effective opioid prescribing	Medical Expert • 1.3 Apply knowledge of the clinical and biomedical sciences relevant to their discipline

3c. Describe an approach to the management of opioid withdrawal symptoms and pain in patients	Medical Expert • 2. Perform a patient-centered clinical assessment and establish a management plan • 5.2 Adopt strategies that promote patient safety and address human and system factors.

- Competencies have been developed for UGME, PGME & CPD.
- They have been mapped to CanMEDS and CanMEDS FM.

Curriculum Reviewers

- Physician Reviewers
- Patient Reviewers
- Indigenous Reviewers
- Francophone Reviewers
- Rural/Remote Reviewers
- Interprofessional Reviewers
- Diversity, Equity, and Inclusion Reviewers

AFMC RESPONSE TO OPIOID CRISIS

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES

Your new resident starts in 2 weeks! They are an internationally educated physician with no undergraduate exposure to SUD and/or chronic pain.

UGME

- Successfully launched UGME online curriculum modules in January 2021.
- A total of 2,186 Registered Users since launch in 2021.
- 10 online bilingual modules designed for Canadian medical students.
- 2 annual updates have already occurred.
- Available freely: opioids.afmc.ca

AFMC RESPONSE TO OPIOID CRISIS

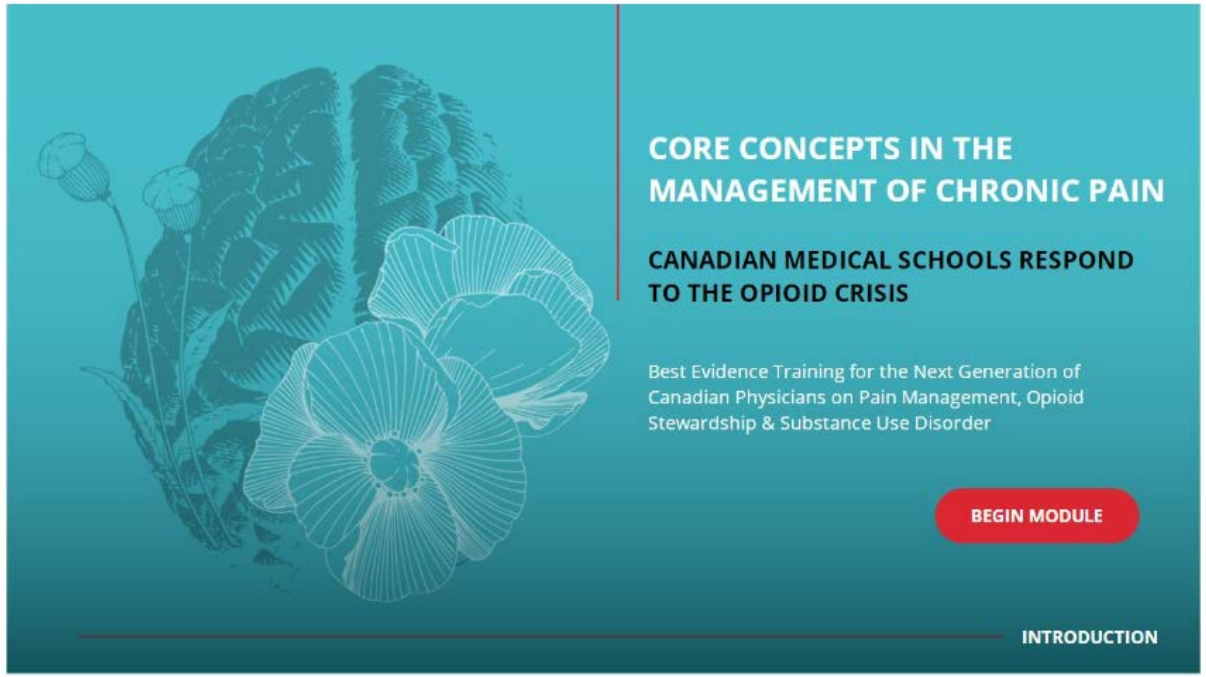
UGME Modules

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES

1. The Public Health Perspective
2. Core Concepts in Pain
3. Core Concepts in the Management of Chronic Pain
4. Pathophysiology of Pain and Pharmacology of Opioids
5. Opioid Prescribing
6. Opioid Stewardship in Palliative Care
7. Safe Storage and Proper Disposal of Opioids
8. Recognizing Opioid Use Disorder
9. Management of Opioid Use Disorder
10. Cultural Considerations, Legalities, and Enhancing Competence

Core Concepts in the Management of Chronic Pain

Print



0 % 0 of 4 topics complete

Pre Test: Core Concepts in the Management of Chronic Pain

Types of Pain

[R]

Pain may result from damage to the tissues, or from a lesion or disease of the peripheral or central nervous systems. Pain can be categorized as nociceptive, neuropathic, or nociplastic pain.

Click the tabs to compare nociceptive, neuropathic, and nociplastic pain.

NOCICEPTIVE PAIN | NEUROPATHIC PAIN | NOCIPLASTIC PAIN

Nociceptive Pain is pain caused by activation of **nociceptors** in the skin, viscera and other organs. This type of pain satisfies the criteria for pain transmission (ie. to the spinal cord, thalamus and cerebral cortex.

Example: Epidemiology of Acute Pain

[R]

A report on 2208 postoperative patients recorded the incidence and severity of pain in postoperative patients at rest and with activity according to numerical pain scores. The pain scores were recorded as the patients progressed through postoperative days (POD).

Click the buttons to reveal the incidence of moderate and severe pain over time.

MODERATE PAIN

At Rest:

21% → 13%
POD1 POD3

With Activity:

53% → 39%
POD1 POD3

SEVERE PAIN

At Rest:

7.6% → 3.7%
POD1 POD3

With Activity:

28% → 15%
POD1 POD3

In a surgical model of acute pain, one can see that regardless of pain severity, with proper therapy and healing, that pain decreases over time.

ACTIVITY

Categorizing Nociceptive Fibres

Using what you have learned about the types of nociceptive fibres, select the correct fibre descriptors from the drop down menu to complete the chart.

DIAMETER	MYELINATION	CONDUCTION	PREVALENCE (%)	
>10 um	Thick	30-100 m/s	20	--Select--
2-6 um	Thin	12-30 m/s	10	--Select--
0.4-1.2 um	Absent	0.5-2 m/s	70	--Select--

SUBMIT

Peripheral Modulation of Pain

[R]

Inhibiting Sensitization of Nociceptor Terminals | **Inhibiting Depolarization and Repolarization of Axonal Membrane** | Stimulating Aβ fibres in the Area of Injury

In the peripheral nervous system, modulation of pain can be accomplished with medications and interventions that interfere with the transduction and conduction phases of the pain pathway.

Click the tabs to learn about three ways peripheral modulation can be accomplished.

Inhibiting depolarization and repolarization of the axonal membrane can reduce the transduction and conduction of pain signals in the periphery. Local anesthetics like lidocaine prevent the generation or conduction of an action potential by blocking the influx of sodium through voltage-gated sodium channels located along first and second order afferents.

Your resident starts in 2 weeks! How might you use this curriculum?

AFMC RESPONSE TO OPIOID CRISIS

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES

Your resident starts in 2 weeks! They are a graduate of a Canadian medical school.

PGME/CPD

- Development of a bilingual and interactive competency-based curriculum for PGME and CPD that builds on concepts and content of UGME curriculum.
- Co-created with clinical and patient subject matter experts
- The PGME and CPD curricula was successfully launched at the end of March 2023.
- The curricula was provided to the 17 Canadian Medical Schools via email and a Box link.
- Can be accessed through our website: opioids.afmc.ca and is hosted on Queen's University's Brightspace LMS.

PGME Modules

1. Building Relationships with Individuals: Navigating Difficult Conversations
2. Opioid Stewardship: Prescribing and Management
3. Opioid Stewardship: Rotation and Deprescribing
4. Medical Addiction Treatment
5. Management of Chronic Pain in Differing Contexts
6. Cancer-Related Pain
7. Advanced Knowledge of Pain Management
8. Management of Chronic Pain

AFMC PGME: Opioid Stewardship: Prescribing and Management

MAGTOOL

AFMC THE ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA | AFMC RESPONSE TO OPIOID CRISIS

MENU

- INTRODUCTION
  - AFMC PGME: Opioid Stewardship: Prescribing and Management ✓
  - Disclaimer
  - Introduction to Opioid Stewardship: Prescribing and Management
  - Video: Introduction to Opioid Stewardship: Prescribing and Management
  - Learning Objectives
  - Module Outline
- **SECTION 01: Overview of Best Practices in Prescribing Opioids for Chronic Pain, including Co-Occuring Conditions**

OPIOID STEWARDSHIP: PRESCRIBING AND MANAGEMENT

CANADIAN MEDICAL SCHOOLS RESPOND TO THE OPIOID CRISIS

Best Evidence Training for the Next Generation and Practicing Canadian Physicians on Pain Management, Opioid Stewardship and Substance Use Disorder: a PGME and CPD Curriculum

BEGIN MODULE

INTRODUCTION | 1 OF 6

Goals of Pain Management

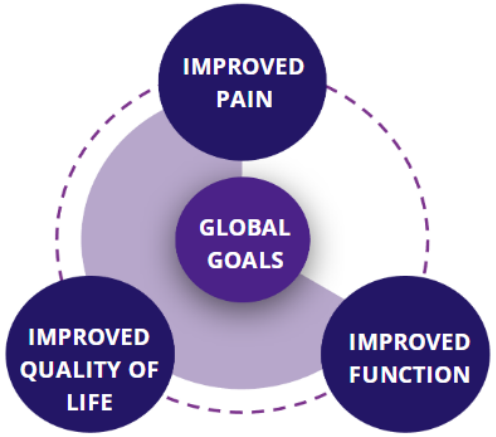
GLOBAL GOALS | PATIENT-SPECIFIC GOALS

Any pain management program has three global goals: improved pain intensity, improved function, and improved quality of life. Each program should also consist of patient-specific SMART goals.

Click the tabs to learn more about global and patient-specific goals.

Managing patient expectations is an important role for the physician. A 30% reduction in chronic pain intensity is considered a good outcome and expecting more than that will be a frustrating experience for patients.

However, function and quality of life can improve considerably more than 30%, and function is independent of pain intensity. It's important to underline that function can improve when pain is still present.



CASE STUDY

Your Introduction to Zoe's Pain

Throughout this section, you will follow a case study to highlight the concepts you are learning. You are meeting the patient, Zoe, for the first time in the clinic. Her family physician retired during the COVID-19 pandemic, and she is about to run out of medications.

Click the button to read a case study on chronic pain.

CASE STUDY: ZOE

NAME: ZOE **SEX:** FEMALE

AGE: 32 **PRONOUNS:** SHE/HER

Presentation:

Zoe has chronic daily headaches that are throbbing and usually behind her right eye. The headaches are associated with photophobia and nausea.

Zoe lives alone and is on long-term disability from her job. She hasn't worked for the past two years because her headaches have become too severe. She has experienced migraines since adolescence and has a family history of migraines.

These headaches feel different to Zoe than the ones she had in adolescence and as a younger woman.

Baseline Pain Assessment

[R]

Ideally, before prescribing opioids, or if inheriting a patient currently prescribed opioids, a thorough baseline pain assessment should be conducted. A typical assessment consists of four components which will be discussed in detail in the remainder of this section.

Click the flashcards for an overview of the four components.

1. ASSESS

Assess the symptoms and risk.

2. DEFINE THE PROBLEM

3. DIAGNOSE THE PAIN

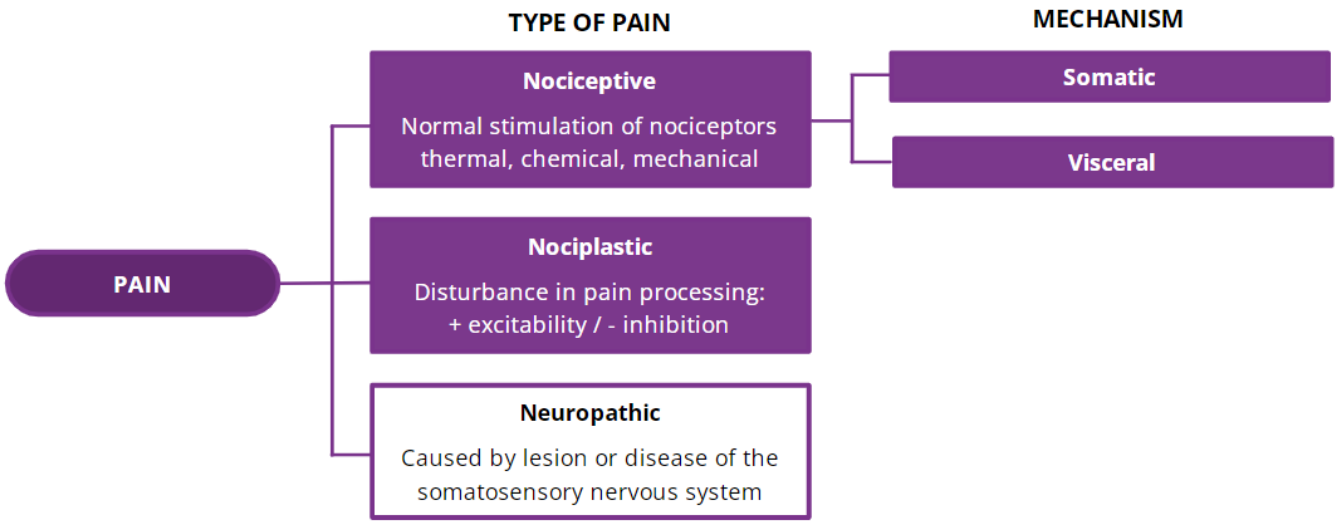
4. PERSONAL/ SELF-MANAGEMENT

3. Diagnose the Pain

[R]

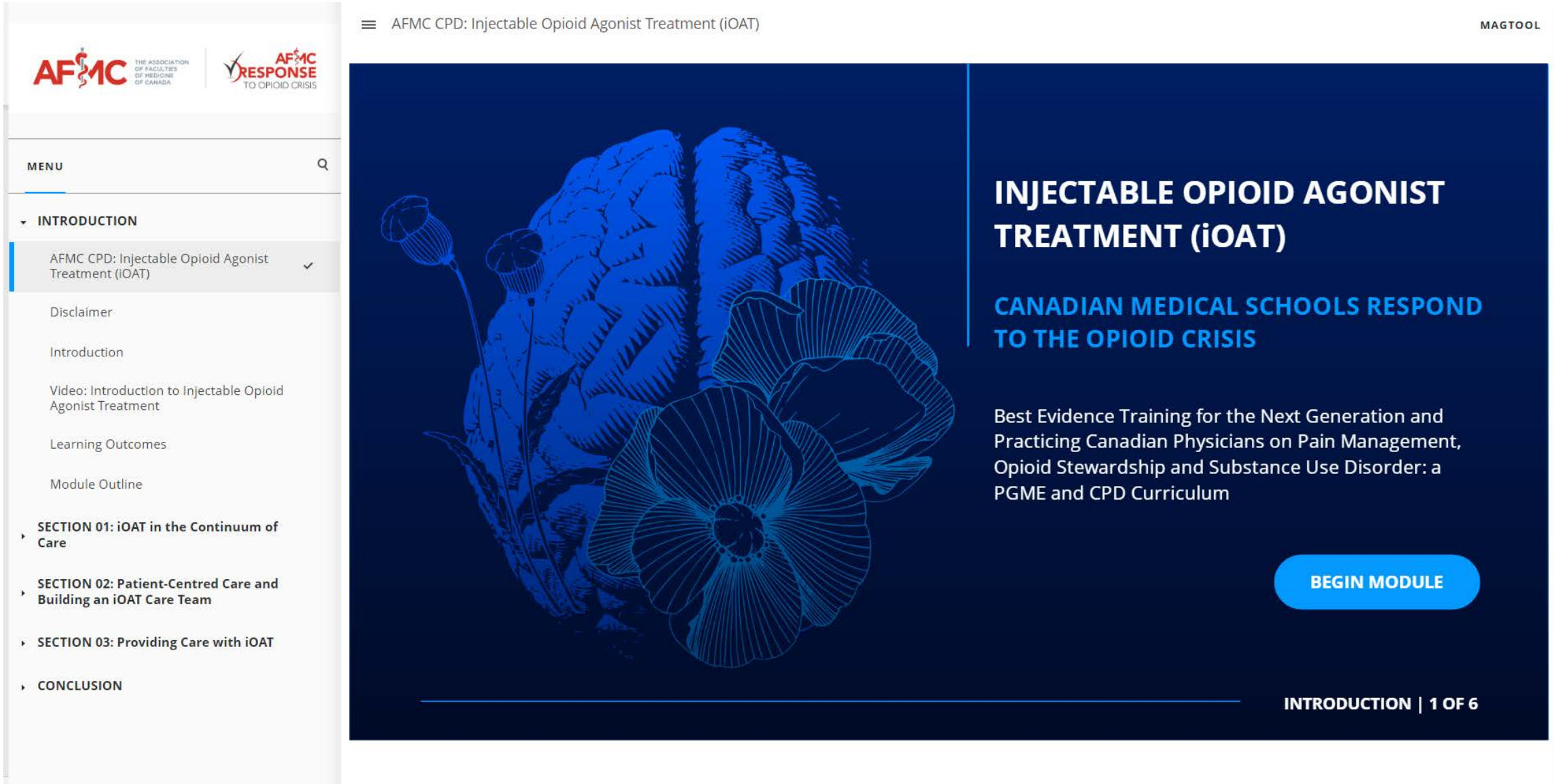
The third component of a baseline pain assessment is to diagnose the pain.

Click the buttons to explore the process of diagnosing pain.



CPD Modules

1. Injectable Opioid Agonist Treatment (iOAT)
2. Physician Liability
3. Chronic Pain and Opioid Use in the Elderly
4. Women's Health
5. Pediatrics: Continuum of Care from Birth to Later Years
6. Emergency Medicine
7. Psychiatry
8. Hospital-Based Medicine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AFMC RESPONSE TO OPIOID CRISIS
MENU
INTRODUCTION
AFMC CPD: Injectable Opioid Agonist Treatment (iOAT)
Disclaimer
Introduction
Video: Introduction to Injectable Opioid Agonist Treatment
Learning Outcomes
Module Outline
SECTION 01: iOAT in the Continuum of Care
SECTION 02: Patient-Centred Care and Building an iOAT Care Team
SECTION 03: Providing Care with iOAT
CONCLUSION
AFMC CPD: Injectable Opioid Agonist Treatment (iOAT)
MAGTOOL
INJECTABLE OPIOID AGONIST TREATMENT (iOAT)
CANADIAN MEDICAL SCHOOLS RESPOND TO THE OPIOID CRISIS
Best Evidence Training for the Next Generation and Practicing Canadian Physicians on Pain Management, Opioid Stewardship and Substance Use Disorder: a PGME and CPD Curriculum
BEGIN MODULE
INTRODUCTION | 1 OF 6

VIDEO

Introduction to *Injectable Opioid Agonist Treatment*

Watch the video for an introduction to the content that will covered in this module.

Click the button to view the Conflict of Interest Statement.

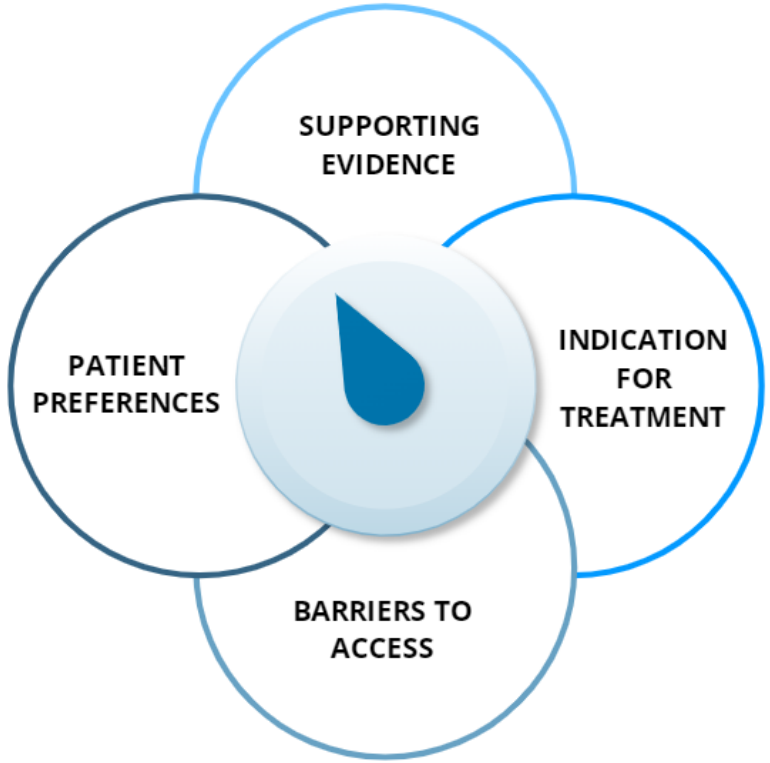
Conflict of Interest

Diacetylmorphine versus Hydromorphone

[R]

Diacetylmorphine and hydromorphone are both full opioid agonists. However, there are important differences between the two.

Turn the dial to learn about these differences.



Patient-Centred Care in iOAT

[R]

Injectable diacetylmorphine or hydromorphone attracts and retains a small yet significant group of patients who have not found success with standard oral treatments. In addition to the drug and route of administration (IV/IM), other important aspects of care, such as building a relationship with your patient and giving them a sense of agency in the treatment process, can improve their experience.

Click the button to learn the experiences of individuals in an iOAT program in Alberta, Canada.

Building Relationships with Your Patients

“Participants reported that building trusting and supportive relationships with staff was crucial to their success in the program.”

“When relationships were respectful and understanding, participants received individualized and holistic care in iOAT. These findings offer a valuable example of how therapeutic relationships can be strengthened in other substance use treatment settings, particularly when responding to the diverse treatment needs of clients.”

iOAT and Stimulant Use Disorder

[R]

Stimulant use disorder is a predictor that people will be less engaged in opioid agonist treatment. Stimulant use is common in patients who access iOAT. Thus, there is a need to identify safe alternatives for cocaine and methamphetamine use.

Click the tabs to learn about potential alternatives for the treatment for individuals with a stimulant use disorder.

DEXTROAMPHETAMINE

PRESCRIPTION AMPHETAMINES

Several iOAT clinics are using dextroamphetamine for patients with stimulant use disorder. A randomized controlled trial from the Netherlands showed benefit of dextroamphetamine in reducing cocaine use in a cohort receiving diacetylmorphine (iOAT).

Your resident starts in 2 weeks! How might you use this curriculum?

Curriculum Tools/Resources

Tool and resources have been developed in partnership with project collaborators to complement the PGME and CPD curricula.

Self -Assessment Tool

- An online and asynchronous tool that helps users identify their knowledge gaps.
- Tracks and compiles achievement to make recommendations for which modules are the most relevant for the users. The recommendation list is emailed to user.
- Available independently for anyone to use.

Restart Survey | Place Bookmark | Mobile view on | Tools

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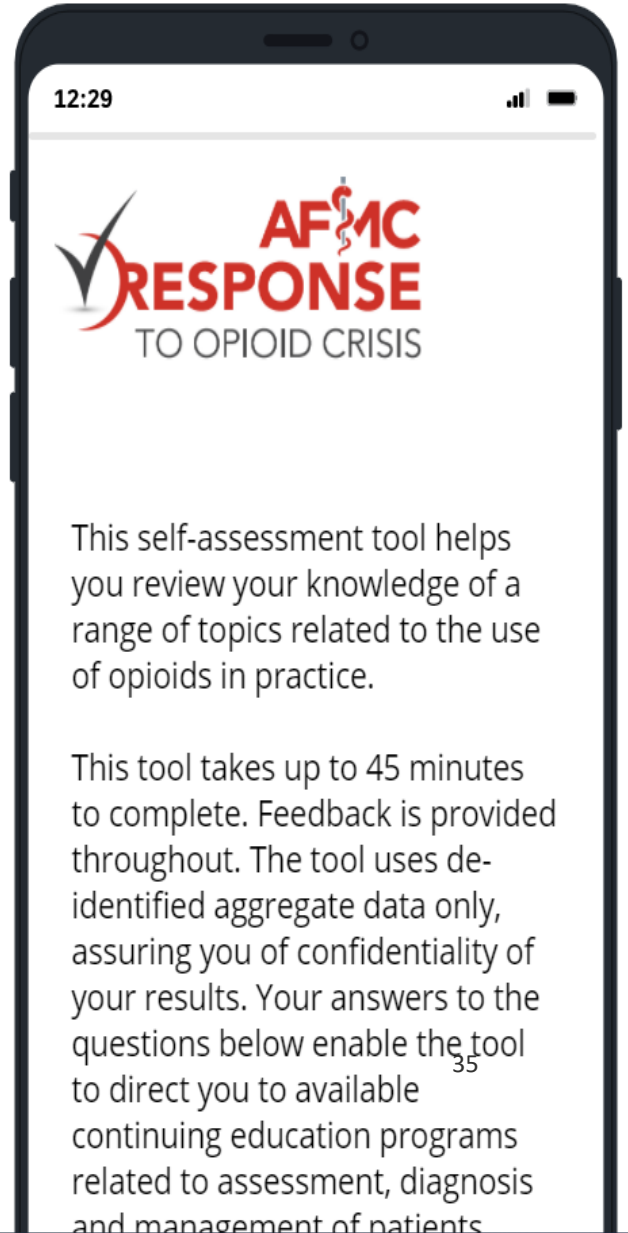
AFMC RESPONSE TO OPIOID CRISIS

This self-assessment tool helps you review your knowledge of a range of topics related to the use of opioids in practice.

This tool takes up to 45 minutes to complete. Feedback is provided throughout. The tool uses de-identified aggregate data only, assuring you of confidentiality of your results. Your answers to the questions below enable the tool to direct you to available continuing education programs related to assessment, diagnosis and management of patients taking opioids.



- [ ] PGME 1: Building Relationships With Individuals: Navigating Difficult Conversations
- [ ] PGME 2.1 and PGME 2.2: Opioid Stewardship: Prescribing and Management and Opioid Stewardship: Rotation and Deprescribing
- [ ] PGME 3: Opioid Use Disorder Management and Assessment
- [ ] PGME 4: Management of Chronic Pain in Diverse Patient Populations
- [ ] PGME 5: Cancer-Related Pain and Opioids
- [ ] PGME 6.1 and 6.2: Advanced Knowledge of Pain and Management of Chronic Pain

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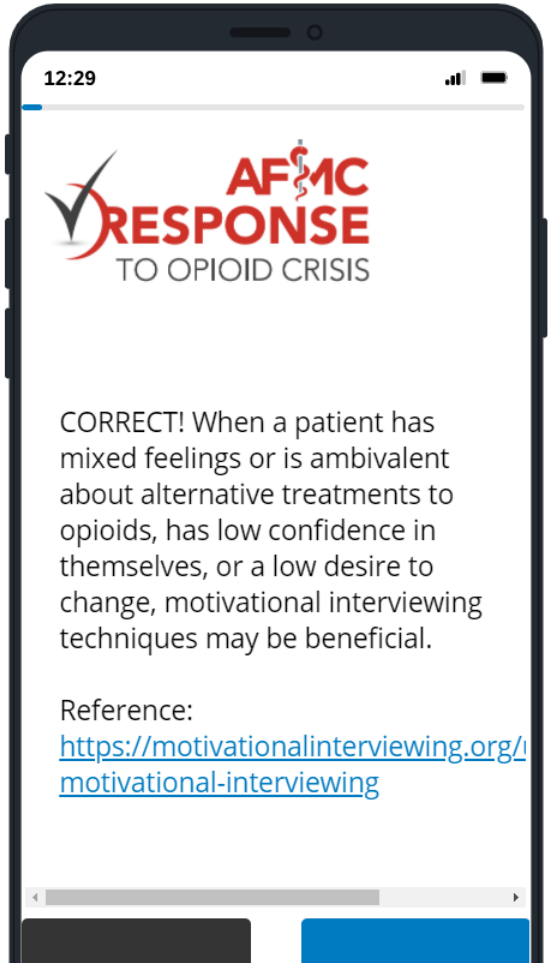
AFMC RESPONSE TO OPIOID CRISIS

CORRECT! When a patient has mixed feelings or is ambivalent about alternative treatments to opioids, has low confidence in themselves, or a low desire to change, motivational interviewing techniques may be beneficial.

Reference: https://motivationalinterviewing.org/understanding-motivational-interviewing

https://motivationalinterviewing.org/understanding-motivational-interviewing



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AFMC RESPONSE TO OPIOID CRISIS

Based on your responses you might want to check out:

PGME 1: Building Relationships With Individuals: Navigating Difficult Conversations

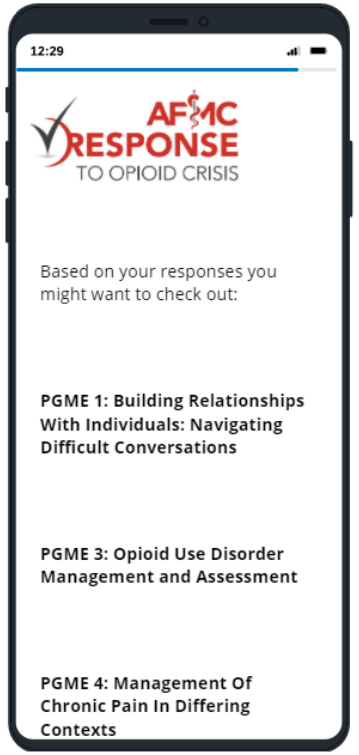
PGME 3: Opioid Use Disorder Management and Assessment

PGME 4: Management Of Chronic Pain In Differing Contexts

PGME 5: Cancer-Related Pain

CPD 1: Injectable Opioid Agonist Therapy

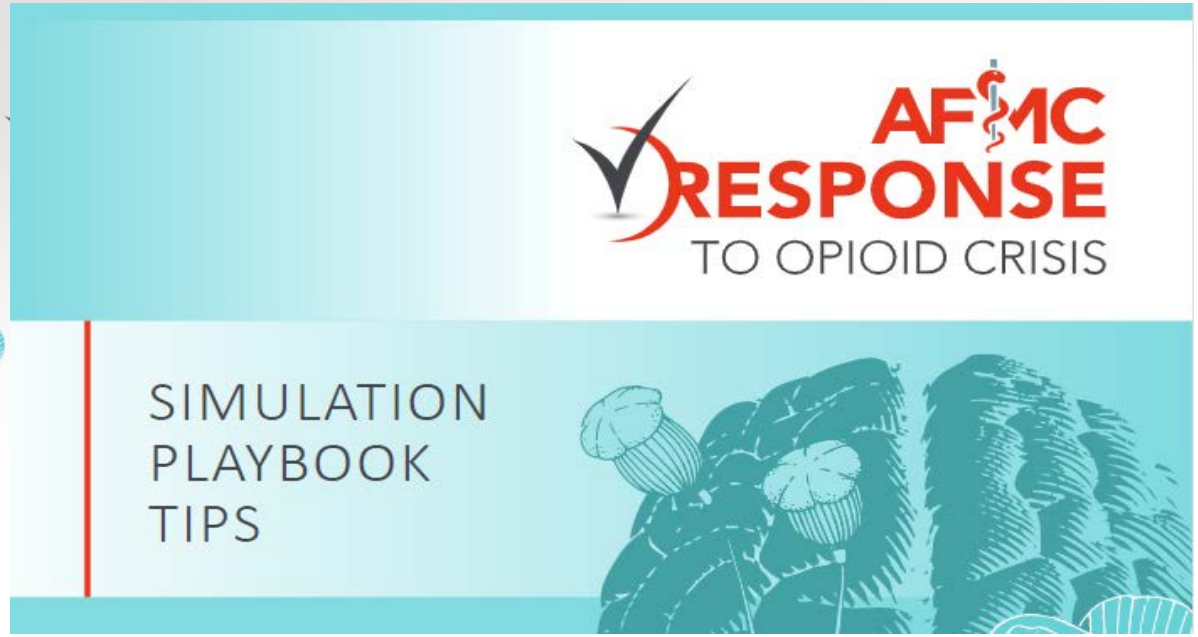
CPD 2: Physician Liability



Your resident starts in 2 weeks! How might you use this tool?

Simulation Playbook

- Simulation Playbook created in collaboration with the Royal College of Physicians and Surgeons of Canada to help physicians and residents better treat patients with chronic pain and/or substance use disorder.
- Contains **six case-based scenarios.**
- Intended audience includes physicians and residents.
- A Simulation Playbook Tips tool has been developed by our Faculty Development Working Group.
- Piloted at three simulation centers across Canada: University of Calgary, Western University and University of Ottawa.
- Pilot ran between April 2022 to September 2022. It included over 40 resident physicians from the affiliated institutions.



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Simulation Playbook Tips

- The Simulation Playbook Tips document complements the Simulation Playbook.
- It details the six case-based scenarios contained within the Playbook and provides tips for preceptors as they review and utilize the Simulation Playbook in their unique setting or area of practice.

SCENARIO #1:

ACUTE ON CHRONIC PAIN & OPIOID USE DISORDER

This case represents acute on chronic pain in a patient who does not show Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) behaviours. There are concerns with the number of opioids and benzodiazepines (BZO), both of which are well above recommended doses.

USER TIPS

1. Consider adapting to office setting with the patient without props. In this case you might consider sending the patient for possible surgical management, rather than a surgeon telling patient they need an appendectomy.
2. Consider having the patient on doses of opioids more representative of 2017 Canadian Opioid Guidelines. Usually less the 200 morphine milligram equivalents (MME). Ideally 50-90 MME.
   A. The existing MME for this case is 860. This may be overwhelming for new physician learners.
3. As patient is also on a BZO you may want to omit this or use a significantly lower prn dose for new learners.
   A. Case has patient on up to 4mg lorazepam per day.

One-Pager for Project Champions


THE PROJECT CHAMPION'S DISCUSSION POINTS

AFMC RESPONSE TO OPIOID CRISIS

PROJECT OVERVIEW

The opioid crisis continues to be a growing national emergency. Populations adversely affected by the social determinants of health, trauma and oppression are more likely to experience adverse events. There is also a discordance between the increase in opioid-related harm and medical education on opioid prescribing and non-cancer chronic pain. According to a survey of incoming PGY-1 residents, approximately 63.5% (n = 273) were not at all comfortable with managing opioid therapy.

The Response to Opioid Crisis curriculum is a timely opportunity to approach the opioid crisis and further educate stakeholders, including faculty, preceptors, residents, and medical students, about opioids, their appropriate use and response to misuse.

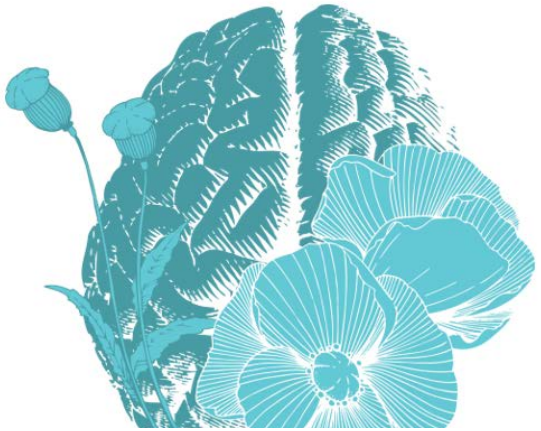
As a project champion, you can share this curriculum with your network of educational leaders, curriculum leads and interested learners. This national curriculum is available in English and French, and online through medical schools free of charge.

INTENDED AUDIENCE

- The One-Pager for Project Champions serves as a point of reference about the AFMC's Response to the Opioid Crisis Project. It provides information on the ways our curriculum can be utilized, what it entails, and where it can be accessed

Inventory of Tools

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES



AFMC'S RESPONSE TO OPIOID CRISIS:
Inventory of Tools

Opioid Agonist Therapy (OAT)		
Tools	**Keywords**	**Curriculum Module**
OAT Information for patients: https://www.camh.ca/-/media/files/oat-info-for-clients.pdf	Patient Handout, Opioid Use Disorder (OUD)	CPD: *Injectable Opioid Agonist Treatment*

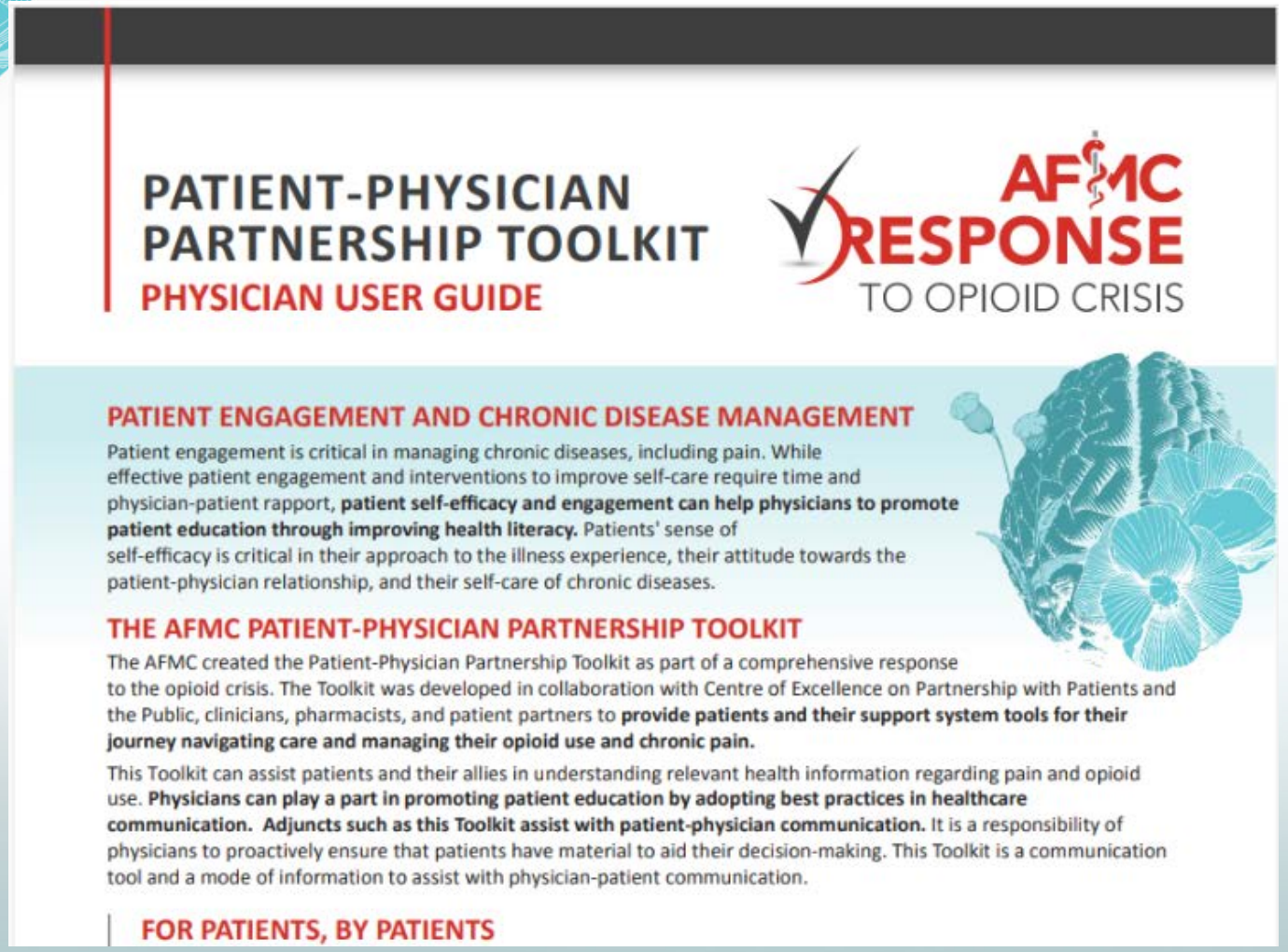
Mental Health Assessment		
Tools	**Keywords**	**Curriculum Module**
Patient Health Questionnaire (PHQ-9) https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/depression_patient_health_questionnaire.pdfh	Assessment, Pain Questionnaires	UGME: *Core Concepts in Pain*
Generalized Anxiety Disorder Scale (GAD-7) https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf	Assessment, Pain, Tools, Questionnaires	UGME: *Core Concepts in Pain*
Beck's Depression Inventory https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf	Depression, Assessment, Pain Questionnaires	UGME: *Core Concepts in Pain*
Patient's Global Impression of Change Scale https://chiro.org/LINKS/OUTCOME/Patients_Global_Impression_of_Change.pdf	Assessment, Pain Questionnaires, Scale	UGME: *Core Concepts in Pain*

- A searchable pdf clinical aide document which contains linked resources arranged thematically related to opioid use disorder and pain management, that physicians can refer to when delivering patient care.
- Users will have the ability to search the pdf by keyword and module it is contained within is identified so users can retrieve additional information.
- In process of being finalized.

Patient-Physician Partnership Toolkit

- Co-created with patient partners at The Center of Excellence for Patient and Public.
- Acts as a guide and provides valuable and helpful information and resources to patients. It includes a Discussion Tool for medication appointments for patients and physicians to refer to.
- Has been integrated on the opioid's website: opioids.afmc.ca/.

Patient-Physician Partnership Toolkit: Physician User Guide



PATIENT-PHYSICIAN PARTNERSHIP TOOLKIT

PHYSICIAN USER GUIDE

AFMC RESPONSE TO OPIOID CRISIS

PATIENT ENGAGEMENT AND CHRONIC DISEASE MANAGEMENT

Patient engagement is critical in managing chronic diseases, including pain. While effective patient engagement and interventions to improve self-care require time and physician-patient rapport, **patient self-efficacy and engagement can help physicians to promote patient education through improving health literacy.** Patients' sense of self-efficacy is critical in their approach to the illness experience, their attitude towards the patient-physician relationship, and their self-care of chronic diseases.

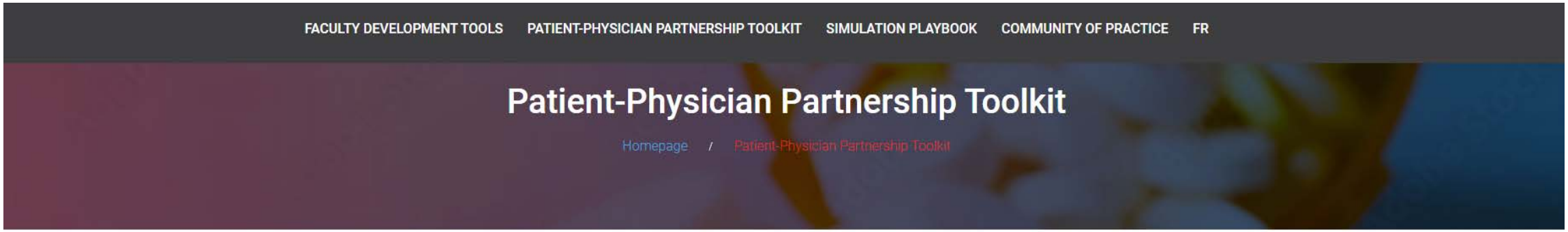
THE AFMC PATIENT-PHYSICIAN PARTNERSHIP TOOLKIT

The AFMC created the Patient-Physician Partnership Toolkit as part of a comprehensive response to the opioid crisis. The Toolkit was developed in collaboration with Centre of Excellence on Partnership with Patients and the Public, clinicians, pharmacists, and patient partners to **provide patients and their support system tools for their journey navigating care and managing their opioid use and chronic pain.**

This Toolkit can assist patients and their allies in understanding relevant health information regarding pain and opioid use. **Physicians can play a part in promoting patient education by adopting best practices in healthcare communication. Adjuncts such as this Toolkit assist with patient-physician communication.** It is a responsibility of physicians to proactively ensure that patients have material to aid their decision-making. This Toolkit is a communication tool and a mode of information to assist with physician-patient communication.

FOR PATIENTS, BY PATIENTS

- The Patient-Physician Partnership Toolkit Physician User Guide serves as a user guide for physicians to utilize when navigating the Physician-Patient Partnership Toolkit website.
- Contains points on incorporating the Patient Toolkit within the physician's clinical practice, accessing the Patient Toolkit, and introducing it to their own patients to utilize.



The information provided in this Toolkit is meant to act as a guide and provide helpful resources to patients and physicians.

The Toolkit should not be utilized to replace the treatment plan of your health care provider. if you are in crisis or require urgent medical attention.

How to use the Patient-Physician Partnership Toolkit

Find out more !

Discussion Tool for Medical Appointments

Find out more !

Living with Opioids

Find out more !

Fact Sheets

Find out more !

Curriculum consisting of bilingual online modules that were created for undergraduate medical students, resident physicians and practicing physicians. However, they are available to any interested stakeholders, including community members.

LEARN MORE

Resource Guides for Patients and Physicians

Find out more !

Accessing the Curricula and Tools

- All 17 medical schools will be provided with the PGME and CPD curricula and tools.
- The curricula can be accessed in three ways:
    1. The AFMC Opioids Website
    2. Box Link
    3. Course Merchant

AFMC RESPONSE TO OPIOID CRISIS

RÉPONSE de l'AFMC À LA CRISE DES OPIOÏDES

Questions and Next Steps

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