



Substance Misuse in the Undergraduate Medical Curriculum: Changing the Landscape

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What I will talk about

- Background/history/ research
- Description of project
- Outcomes/ findings and changes
- Conclusions

Substance Misuse Education in British Medical Schools

- 70% of 23 medical schools
- Range 2-14 hours, mean=6.7
- Excl. one dept: 30 hours provided and 30 hours co-ordinated (SGHMS)
- Better if associated with:
 - academic dept of Addictive Behaviours
 - comprehensive clinical services
 - postgraduate training opportunities

Substance Abuse Education in US Medical Schools

- SA curriculum has been looked at for both postgraduate and undergraduate
- Liaison Committee on Medical Education & Association of American Medical Colleges recognised need for SA education.
- Residency training with recommendations for curriculum design
- Despite this consensus for undergraduate education – teaching in SA is sparse.

Kothari, D., Gourevitch, M., Lee, J.D., Grossman, E., Truncali, A., Tavinder, A., and Kalet, A. (2011) "Undergraduate Medical Education in Substance Abuse: a Review of the Quality of the Literature" *Academic Medicine*, 86,(1): 98-112

Undergraduate or Postgraduate?

- Addictive behaviours (AB) are common
- Junior hospital doctors should be confident in recognising AB
- Medical and psychiatric complications are common
- AB should be taught at both levels

Developing the UK project

- Meetings with World Health Organisation on substance misuse education for doctors, pharmacists & nurses.
- International guideline for the curriculum development in substance misuse prepared.
- United Nations requested all governments to include substance misuse teaching and learning in the curriculum of the relevant faculties in the universities.
- UK Govt agreed to fund development of a project to look at substance misuse in medical curricula
- Project set up and led by Prof Hamid Ghodse from St George's.

Curriculum Development in Substance Misuse Programme- Phase One

- National steering committee and expert panel established
- Comprised addiction psychiatrists, medical educationalists
- Survey of all medical schools undertaken to identify current activity and teaching of substance misuse
- Core curricula guidance developed through a consensus approach involving medical and curriculum experts both in substance misuse and other specialities.

Curriculum Development in Substance Misuse Programme Phase One

- Facilitated the development of undergraduate medical education curriculum across all medical schools to include tobacco, alcohol and drugs
- Publication of 'Substance Misuse in the Undergraduate Medical Curriculum' (2007)*
- Established implementation plan/toolkit on inclusion of substance misuse modules in medical school curricula.

*International Centre for Drug Policy (2007). Substance Misuse in the Undergraduate Curriculum. <http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/substance-misuse-in-the-undergraduate-medical-curriculum>

Curriculum Development Corporate National Guidance

Set out three aims for undergraduate medical students in the study of substance misuse:

- Recognise, assess and understand the management of substance misuse
- Awareness of the effects of substance misuse on professional practice and conduct.
- Education and training to challenge the negative attitudes often experienced by people with addiction problems.



St George's

University of London

Six key core curriculum learning outcomes

1. Bio- psycho-social models of addiction
2. Professionalism – fitness to practice
3. Clinical assessment of patients
4. Treatment interventions
5. Epidemiology, public health & society
6. Specific disease and speciality topics

Clinical assessments – on graduation

Describe the major clinical features of alcohol abuse, drug dependence and tobacco use

Describe the possible outcomes of different treatment regimes for substance misuse and discuss the prognosis and management

Take a focussed drug and alcohol history

Elicit signs of misuse of alcohol, tobacco and illicit or over-the-counter (OTC) drugs

Demonstrate appropriate skills for communicating sensitively with patients about substance misuse issues

Appropriately order and interpret urine, blood and other appropriate tests for drugs of addiction

Carry out a psychological assessment of a patient's readiness to implement change

Phase Two – Implementation – key aims

- To complete and validate the toolkit and teaching and learning resources in order to advance the implementation programme.
- To enhance and equip the medical schools to further develop substance misuse learning in their curriculum.
- To work with Medical Schools to pilot and evaluate the implementation of the substance misuse curricula. To support medical schools in integrating and implementing the Substance misuse in the undergraduate medical curriculum guidance into their curricula;
- To promote the development of a self-sustaining network of all English medical schools willing to pursue change in their curricula; and
- To complete and validate the teaching and learning resources (Toolkit) produced to advance the implementation programme

Phase Two -implementation activities

- Worked with English medical schools to further develop substance misuse learning in their curriculum through local curriculum co-ordinators and academic champions.
- Mapped and reviewed curricula & identified where substance misuse is taught and how the learning objectives fit with those in the national guidance.
- Identified gaps and made recommendations for how substance misuse could be incorporated/ enhanced in the curriculum.
- Resources for schools - toolkit for teaching and learning & Fact Sheets – 20 titles

Toolkit

- Provides guidance to medical schools on implementation and/or development of high quality substance misuse teaching within the undergraduate curriculum.
- Provides guidance and resources to support and facilitate the mapping, development and implementation and management of change processes.
- Advice on how to approach curriculum review and change, including the challenges that are likely to arise and how these may be handled
- Mapping Matrix is provided that enables one to conduct a full inventory of existing teaching activities and resources against the learning outcomes identified in the Corporate Curriculum.

Mapping exercise - examples

Discipline

Pharmacology

Psychology

Surgery

Topic

Toxicology of
substances
of misuse

Personality &
addictive
behaviour

Pancreatitis
& substance
misuse

Example

Opioids: overdose &
reversal

Anxious traits and
sedative misuse

Excessive alcohol use

Table 2- SMLO Coverage								
Substance misuse core topics & learning outcomes from Substance Misuse in the Undergraduate Medical Curriculum	S1 IFP	S2 Life Support	S2 Life Maint	S3 Life Structure	S4 Life Cycle& protect	T/P Year	Final Year	Total
1a Define substance misuse, dependence and addictive behaviour and distinguish between acceptable and problematic use	5			1		1	1	8
1b. Demonstrate awareness of the range of substances that can be misused, the different types and classes of addictive substances , their alternative and colloquial names and their effects	1					1		2
1c Demonstrate awareness of the psychological, social, biological and genetic causes of dependence and addiction , the interactions between such factors in the individual and the different models used to describe addiction	3			1			1	5
1.d Describe the absorption, distribution, excretion and metabolism of drugs of addiction				1				1
1.e Describe the physical effects of addiction, including the key effects of drug addiction on neurotransmitter systems, mechanisms of drug tolerance and the physiological effects of withdrawal	1			1				2

Findings

SM in curriculum – appears in all years and stages and across the disciplines – in detail or alluded to eg. Alcohol and Addiction taught as a “thread” subject running through the course.

Delivery – varied – from being a planned entity – SSC, placements , lectures, pbl/cbl , virtual/e-learning, stand alone sessions.

Smoking and alcohol issues feature more than illicit drugs

Professionalism – this is varied – some schools cover it more than others as well as it being an examination topic.

Examples of changes implemented

- Re-writing of existing learning objectives
- PBL cases developed such as one on chronic low back pain and long term pain medication prescribing with a learning objective specific to iatrogenic addiction
- Virtual patient on professionalism –student having problems with alcohol/other drugs
- Lectures - concepts and definitions such as addiction and dependency, the misuse of prescription drugs, street drugs etc.
- Independent online learning resources – addiction study guide – from diagnosis to treatment plan
- Use of external speakers from organisations such as the Sick Doctors Trust, service users from drug services
- Development of resources on virtual learning environments.

Examples of changes implemented

- Special Interest Groups
- Video cases
- Virtual patient on professionalism –student having problems with alcohol/other drugs
- Independent learning – through debates
- Online study resource to challenge stigma and discriminatory attitudes towards dependent individuals
- Lecture learning outcomes were either created or modified to include substance misuse
- Updating of library collections on substance misuse

Student views and experience

Surveys show: –

- ✓ The issue of substance misuse by medical students is important
- ✓ Teaching about substance misuse in patients is relevant
- ✓ Desire from students to learn more about substance misuse in other areas of the curriculum such as in relation to specific diseases.
- ✓ Clinical/ community placements appreciated
- ✓ Like more on prescription & illicit drugs
- ✓ Learning from peers and or those in recovery/recovered.



Going (14)



Christopher Hilton

Invited (360)



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ICSM Alcohol Awareness Week

← Ever

Public event · By Imperial College School of Medicine Students' Union

Monday, 9 January 2012 at 00:00 until Saturday, 14 January 2012 at 01:00

- ICSMSU will be running our first alcohol awareness week from the 9th to the 13th of January. During this period we will be giving out free unit measures, calorie counters and literature from our stands across campus.

Our keynote lecture will be given on 10/01/12 in the the Glenister Lecture Theatre at Charing Cross at 17:30

Dr Zul Mirza is an A and E Consultant at West Middlesex Hospital. This lecture will focus on the impact that excessive consumption of alcohol has on A and E departments every day, and the wider impact on the NHS at various levels as well as looking at the relationship between medical professionals and alcohol.

It is important to remember that you are not just students, you are student doctors. As such your conduct in and outside of the clinical setting must reflect this privileged position at all times.

Fitness to Practise guidelines for Medical Students state that ' Alcohol consumption that affects clinical work or the work environment' are areas of concern. Don't let your actions as a student affect your career.

Drink Responsibly.



Fast Facts 1: Alcohol Withdrawal

Fast Facts 2: Drug Misuse in Emergency
Medicine

Fast Facts 3: Emerging Substances

Fast Facts 4: Palliative Care and Substance
Misuse

Fast Facts 5: Public Health and Addictions

Fast Facts 6: Substance Misuse in Anaesthesia

Fast Facts 7: Substance Misuse and Doctors'
Own Health

Fast Facts 8: Substance Misuse in Surgery

Fast Facts 9: Substance Misuse Young People

Fast Facts 10: Substance Misuse and
Communication

Fast Facts 11: Alcohol Misuse in Emergency
Medicine

Fast Facts 12: Substance Misuse in
Gastroenterology

Fast Facts 13: Substance Misuse in General
Practice

Fast Facts 14: Substance Misuse in Geriatrics

Fast Facts 15: Substance Misuse and Infectious
Diseases

Fast Facts 16: Substance Misuse in Pregnancy

Fast Facts 17: Substance Misuse in Neurology

Fast Facts 18: Pharmacology of Addiction
Treatments

Fast Facts 19: Substance Misuse in Psychiatry

Fast Facts 20: Substance Misuse and Systems

Core lessons

- English medical schools have diverse approaches to curricula.
- The process of curriculum mapping needs to be approached in individually tailored ways to match each medical school.
- An Academic Champion to lead the project and embed it within curriculum development meetings was critical, and the Champion is likely to also play a critical role in sustainability.
- Curriculum coordinators met frequently. This was invaluable to offer support and guidance on the project.

Outcomes of phases one and two

- Established a basis for substance misuse teaching
- Agreed corporate national curriculum established across all UK medical schools.
- Practical and flexible teaching and training materials developed and validated by experts.
- Improvements made to the extent and quality of teaching and training in participating schools.
- Raised awareness in medical schools of the importance of including drugs and alcohol learning within curricula.

Questions – how to sustain the changes & support schools

- Recommendations made and funding awarded to;
- further develop and build the existing network of academic champions within the medical schools to work on embedding substance misuse in to teaching through the corporate curricula and learning materials.
- build on and maintain a resource sharing portal where project resources and learning resources can be updated, collated and accessed by all for teaching purposes, including a core list of recommended addiction teaching and learning resources;
- maintain and update the learning resources developed for the project.

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