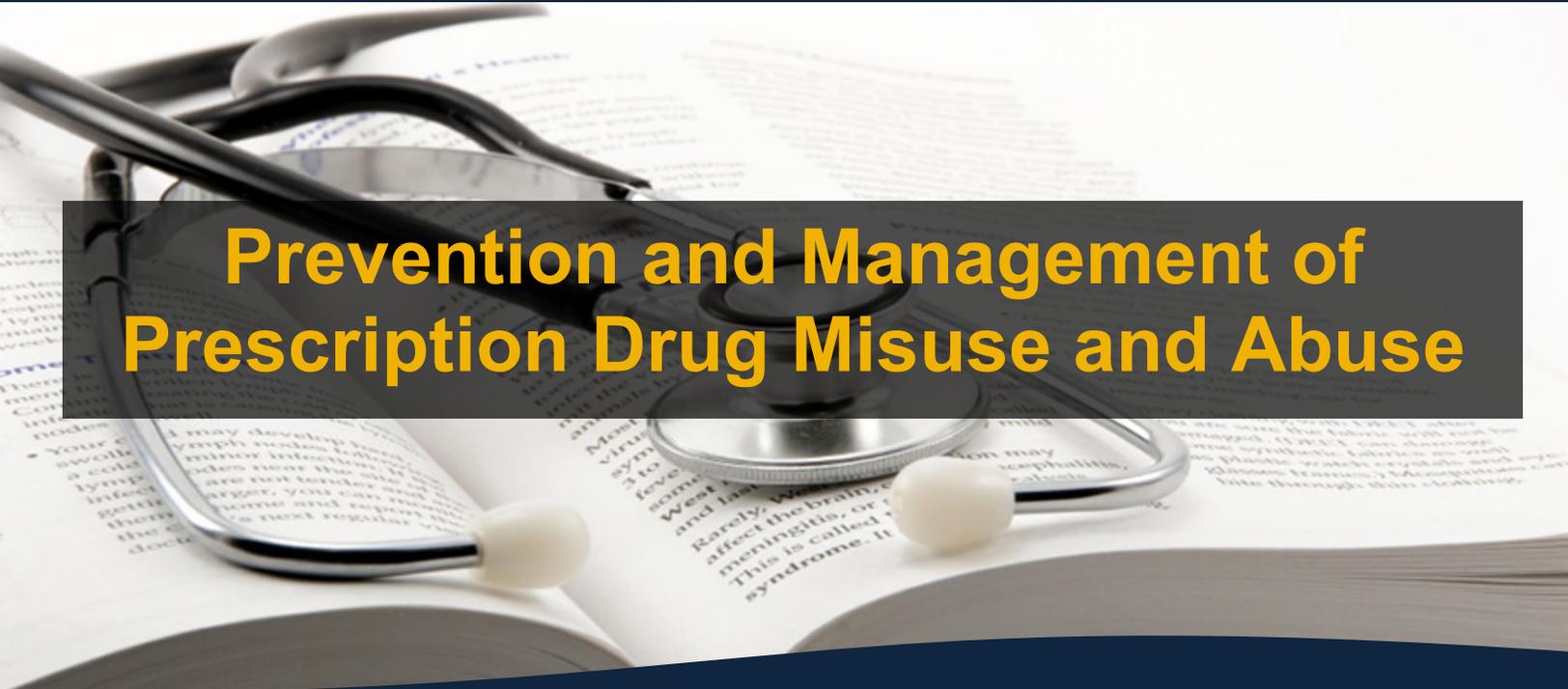




PENNSYLVANIA MEDICAL STUDENTS CORE COMPETENCIES



Prevention and Management of Prescription Drug Misuse and Abuse

The following competencies will be integrated into the education of every medical student receiving training within the state of Pennsylvania. Individual schools should explore options for ensuring students have received this training and should consider implementing a process to evaluate the effectiveness of their educational efforts. Schools are encouraged to share their efforts with others, so that best educational practices may be shared with other schools.

These core competencies were developed by a work group chaired by Physician General Rachel Levine and Secretary Gary Tennis. The lead author was Dr. Michael Ashburn, MD, MPH, a professor in the Department of Anesthesiology and Critical Care at the University of Pennsylvania. The work group was comprised of leadership representation from all 10 of Pennsylvania's medical and osteopathic medical schools:

- Drexel University College of Medicine
- Lake Erie College of Osteopathic Medicine
- Lewis Katz School of Medicine at Temple University



- Penn State College of Medicine
- Perelman School of Medicine at the University of Pennsylvania
- Philadelphia College of Osteopathic Medicine
- Sidney Kimmel Medical College at Thomas Jefferson University
- The Commonwealth Medical College
- University of Pittsburgh School of Medicine
- University of South Florida Lehigh Valley Campus

Pennsylvania Medical Student Core Competencies for the Prevention and Management of Prescription Drug Misuse and Abuse

1. Understanding core aspects of addiction
 - a. Describe what a substance use disorder is, including the concept that a substance use disorder may exist along a spectrum from mild to severe substance use disorder.
 - b. Describe the criteria used to diagnose an opioid use disorder.
 - c. Report the difference between opioid use disorder, physical dependence and tolerance.
 - d. Summarize the precipitants and factors that interfere with successful treatment of substance use disorder.
 - e. Identify and discuss the impact that concurrent mental health disorders and social history can have on successful referral and treatment for substance use disorders.
 - f. Identify the common medical conditions that are associated with chronic substance use disorder, which may include infection (including sexually transmitted infections), HIV, hepatitis, cancer and cardiovascular disease.
 - g. Describe the impact that substance use disorder can have on chronic health conditions, including diabetes, oral health and infection.
2. Patient screening for substance use disorder
 - a. Describe options for how to properly screen patients for substance use disorder.
 - b. Explain the role that patient screening tools can play in patient assessment for substance use disorder.
3. Proper referral for specialty evaluation and treatment of substance use disorder
 - a. Summarize the importance of proper patient referral for substance use disorder.



- b. Explain the importance of treating the patient with dignity, respect and a nonjudgmental manner when discussing substance use disorders.
 - c. Describe how to discuss the diagnosis of substance use disorder with a patient, including methods for effective referral of a patient for treatment of substance use disorder.
 - d. Identify and implement the “warm handoff” referral process for patients with substance use disorder.
4. Proper patient assessment when treating pain.
- a. Demonstrate how to conduct a pain-focused history and physical examination to determine the cause(s) of the patient’s pain.
 - b. Explain the importance of patient assessment, including the value and limitations of patient-reported pain intensity.
 - c. Describe the importance of assessment of mood, sleep and physical functioning in the evaluation of a patient with chronic pain.
 - d. Summarize the risk factors associated with increased risk of harm associated with opioid therapy in both the hospital and outpatient setting.
5. Proper use of multimodal treatment options when treating acute pain.
- a. Defend the statement that both acute and chronic pain can be best treated using a multimodal treatment that may include the use of regional anesthetic techniques, non-opioid analgesics, self-management techniques and physical therapy.
6. Proper use of opioids for the treatment of acute pain (after consideration of alternatives)
- a. Summarize opioid pharmacology including
 - i. choice of opioid, route of administration (PO vs. IV);
 - ii. use of short acting vs. long acting drugs;
 - iii. the factors that place the patient at increased risk of harm when opioids are used to treat acute pain and; and
 - iv. identifying steps that can be taken to avoid patient harm.
 - b. Describe how acute opioid prescribing decisions can directly impact the risk for long-term use, including nonmedical use and development of substance use disorder. Summarize what steps can be taken to minimize the risk of patient harm.
 - c. Describe proper opioid formulation selection (including short-acting vs. long-acting formulations, as well as when an abuse-deterrent formulation may be indicated) and drug dosing when using opioids to treat acute pain.
7. The role of opioids in the treatment of chronic non-cancer pain.
- a. Report on the factors that increase the risk of patient harm, as well as the factors that decrease the chances of improved patient outcomes.



- b. Describe what concurrent medications or medical conditions increase the risk of patient harm.
 - c. Discuss the indications for prescribing naloxone for home use to treat opioid overdose.
8. Patient risk assessment related to the use of opioids to treat chronic non-cancer pain, including the assessment for substance use disorder or increased risk for aberrant drug-related behavior.
- a. Discuss the role that screening tools might play in identifying patients at increased risk for harm.
 - b. Describe the key patient attributes that may increase the risk of aberrant drug-related behaviors or substance use disorder.
9. The process for patient education, initiation of treatment, careful patient monitoring and discontinuation of therapy when using opioids to treat chronic non-cancer pain.
- a. Summarize proper methods for patient education related to proper medication storage and disposal.
 - b. Defend the role for opioid treatment agreements.
 - c. Describe the role that shared decision making can play when considering chronic opioid therapy, including the possible role that family members can play, especially in younger patients.
 - d. Review the role of urine drug screens and review of data contained in the prescription drug data base(s).
 - e. Describe the value associated with establishing treatment goals and how treatment goals can be documented and monitored throughout treatment.

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