An Innovative Addictions Curriculum Improves Ratings on a Psychiatry Clerkship

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Background

- Most primary care physicians lack competence in detection and management of addictive disorders (1). Likely contributors:
  - Inadequate addiction training at the undergraduate medical school level:
    - Recent survey of accredited allopathic medical schools revealed significant deficiencies in time allotted to addictive disorders in most 4 year curricula (1)
  - Negative attitudes and stereotypes about addiction pervade the medical community (2)
  - Paucity of effective physician role models in this area (1)
- Curricular reform is warranted

Methods

- Descriptive study to assess impact of an addictions curriculum on students’ perceptions of their:
  - Clerkship experience overall
  - Preparedness for managing psychiatric problems in the primary care setting
- 2-week required clinical experience in addictions incorporated into the 6-week psychiatry clerkship
- Addictions Curriculum included:
  - Experiential component: students assigned to one of three addictions services, all supervised by board certified addictionologists (ASAM or ABPN)
  - Self Study Modules: Eating Disorders and Obesity, Tobacco Assessment and Intervention, Urine Drug Testing, Implications of Second Hand Smoke, Alcohol Online Modules
  - Addictions Lecture Series: 8 hours of didactics
- 1-hour course debriefing and anonymous online course evaluations completed at end of rotation
- Included a comments section on addictions

Results

- Overall Course Ratings have improved, from a mean of 4.1 in the 2004-05 academic year, to 4.6 in 2007-08
- During same period, student ratings of their preparedness for dealing with psychiatric problems in the primary care setting improved as well

Sample Student Comments

- “Outstanding rotation...necessary for any medical student who is going to practice in a field where they interact with patients whatsoever”
- “…one of the most impactful two weeks I’ve had for any subject matter”
- “This was my favorite part of psychiatry. I was exposed to ...patients from all walks of life (physicians, lawyers, pilots, etc.)”
- “I learned how prevalent and destructive substance abuse can be”
- “…I feel that what I learned can be applied in all practices”
- “I’ve really developed an interest in addiction medicine thanks to this rotation”
- “It made me much more attuned to substance abuse in my patients. Already I have picked up on things in my patient’s histories that I would have missed had I not done the addictions rotation”

Conclusions

- The addition of a 2-week clinical experience in addiction to a psychiatry clerkship did not adversely affect overall course ratings and may have improved students’ perception of their ability to manage common psychiatric problems in the primary care setting
- While we did not establish causality, the addition of a 2-week clinical experience in addiction likely contributed to the improved overall ratings of the psychiatry clerkship over the past 3 years
- While the success of this intervention is likely multifactorial, one clear contributor has been the availability at our institution of dynamic, charismatic addiction specialists who communicate their excitement and energy about the field as role-model clinicians
- Preliminary results offer hope that much-needed clinical exposure to addictions can be successful incorporated into the clerkship year without adversely affecting other experiences

References