



Are New Residency Graduates Prepared to Treat Opioid Use Disorder?

Sarah R. Burbank, BS, Rush Medical College

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HOW IT WORKS

In each issue, the *Annals* selects an article and provides discussion tips and questions. Take a RADICAL approach to these materials and post a summary of your conversation in our online discussion. (Open the article and click on "TRACK Discussion/ Submit a comment.") Discussion questions and information are online at: <http://www.AnnFamMed.org/site/AJC/>.

CURRENT SELECTION

Article for Discussion

Tong ST, Hochheimer CJ, Peterson LE, Krist AH. Buprenorphine provision by early career family physicians. *Ann Fam Med*. 2018;16(5):443-446.

Discussion Tips

Buprenorphine (and methadone) use are associated with substantial reductions in mortality among individuals with opioid use disorder.² However, there have been low rates of treatment and likely inadequate availability of opioid agonist therapy in the United States. To help address this important problem, Tong, et al start laying a path forward by describing early career family physicians' preparedness to provide and provision of buprenorphine.³

Discussion Questions

- What question is asked and why does it matter?
- How does this study advance beyond previous research (including the authors' previous work on this topic⁴)?
- How strong is the study design for answering the question?

- To what degree can the findings be accounted for by: how survey respondents were selected; recall bias; or chance?
- What are the main study findings?
- What role could geography play in determining resident preparedness to provide buprenorphine? Does the study have enough granularity to comment on geographic locations?
- What role could resident engagement in research or practice-based research activities play in determining resident preparedness to provide buprenorphine?
- How could residents selecting a program based on educational opportunities and their desire to prescribe buprenorphine affect the results?
- Is there a demand for buprenorphine in your patient population?
- What barriers to prescribing buprenorphine can you identify in your practice or local community?
- How might this study change your practice? Policy? Education? Research?
- Would an isolated policy change affecting only residency education have an effect on downstream prescribing?
- Who are the constituencies for the findings, and how they might be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL.* *Ann Fam Med*. 2006;4(3):196-197.
2. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550.
3. Tong ST, Hochheimer CJ, Peterson LE, Krist AH. Buprenorphine provision by early career family physicians. *Ann Fam Med*. 2018;16(5):443-446.
4. Tong S, Sabo R, Aycok R, et al. Assessment of addiction medicine training in family medicine residency programs: a CERA study. *Fam Med*. 2017;49:537-543.