

**Submission Id:** 4029

**Title**

*Evaluation of a National Addiction Medicine Curriculum for Primary Care Physicians*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

CONTEXT: Substance use disorders (SUDs) are a leading cause of death, disability, and disease in the U.S. Primary care physicians are well-positioned to address SUD treatment gap, increase access, destigmatize addiction; a 2015 study of family medicine residency programs suggests less than 30% have an addiction medicine curriculum. Lack of faculty expertise was the most commonly cited barrier to not having a curriculum. OBJECTIVE: To evaluate impact of a national addiction medicine curriculum on 25 residency programs. DESIGN/ANALYSIS: We conducted 4 1-hour-long focus groups with residents who participated in the curriculum and four one-hour-long focus groups with faculty members who taught the curriculum. We used software and qualitative thematic analysis to analyze recordings. SETTING: Family medicine residency programs. POP STUDIED: Sites represented diverse settings (rural and urban, academic and community-based) and addiction backgrounds (ranging from no prior addiction curriculum to robust prior addiction curriculum) and included 14 states from across the country (CA, WA, PA, NV, MO, CO, NC, IL, MN, KY, IL, MI, TX, MD). INTERVENTION: We exposed residents to competency-based addiction medicine curriculum, a collection of 12 on-line learning modules and 12 in-person classroom sessions. Modules included quizzes, reflections, cases, demo videos. We exposed faculty to 12-month faculty development series, with faculty website, teacher's guide for classroom sessions, peer support & learning. OUTCOMES: Six faculty focus group questions measuring impact on resident patient care, precepting, other faculty members, recommendations for improvement, innovations, and overall value. Six resident focus group questions measuring perception of learning format, changes in patient care, precepting changes, professional impact, recommendations for improvement, and overall value. RESULTS: Curriculum enriched resident and faculty knowledge across all topics, changed attitudes in viewing addiction as a chronic disease and within the scope of family medicine practice, increased confidence, and decreased stigma. Nurtured behavior change, enhancing communication and assessment skills and encouraging collaboration across disciplines. Participants valued flipped-classroom approach, videos, cases, role plays, teacher's guides, and 1-pg summaries. CONCLUSION: The curriculum provides a comprehensive, ready-made, evidenced-based platform for training residents and faculty in SUDs.