

Educating the Future of Medicine

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Disclosures/Conflict of Interest

- None

The Environment

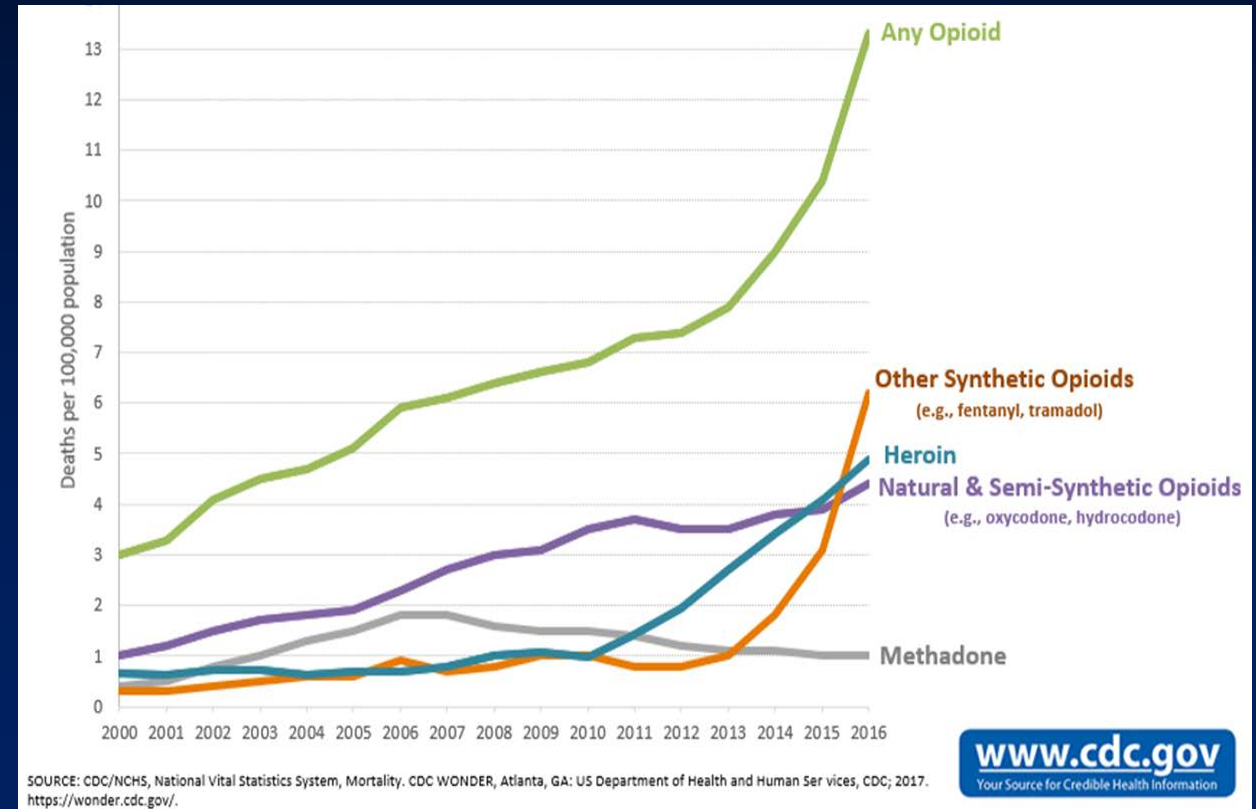
- In 2016, nationally, **over 42,200** deaths related to opioids
- In Michigan there has been about a **20% increase** in opioid related deaths between '15-'16
- About 40% of all opioid related deaths involve prescriptions opioids
- Of the approximately 20 million Americans that require substance abuse treatment only about 11% receive it

The Environment

Since 2010 the number of opioids being prescribed is **decreasing**

The decrease is **not** being followed by a decrease in deaths

The largest rise is being seen in synthetic opioids, namely, Fentanyl



Why the Discrepancy?

- Despite practicing physicians decreased prescribing, patients still have pain
- Despite the decrease in prescribing, chronic persistent users are still out there without treatment
- After years of practicing one way we cannot just hit the “brakes” and immediately expect change

Turning the ship around

- Through education of our future physicians and providers
 - Breaking down negative attitudes about patients in chronic pain
 - Encouraging incorporation of Pain Medicine education into the undergraduate medical curriculum
 - Assessing readiness through more than just recall examination

Gaps in Education/Training

- Currently most training programs don't have an existing, fully integrated curriculum
- Most programs have around 10 hrs of pain management teaching and **less than 40%** teach about opioid prescribing
- Most dean's interviewed by the AAMC feel they are **adequately** teaching pain management
- Lectures and "Clinical Experiences"

What we are doing

- Introduced a self contained online learning module for our students
- **40 hours of content** with lectures, reading materials, questions and a handful of case based modules
- The module teaches about “best practices” as it pertains to opioids and pain management
- The online course is now a requirement for all third or fourth year medical students

What we are doing

- More recently: Applying for a grant to better incorporate **pain medicine and addiction medicine** into the curriculum – over the 4 years
- One of the goals is to have all medical students buprenorphine waived by graduation

Barriers

- Experts with long term experience to teach
- Place to incorporate into an already busy curriculum
- Finding the most effective ways of conveying the information
- Finding the most effective ways of assessing comprehension
- Long term follow up

Barriers



- Ultimate goal: Improve **patient care and decrease mortality**
- We do this by empowering our physicians through knowledge
- We cannot have fear drive practice
- We cannot have stigma drive practice

Future Goals

- Breakdown those barriers through funding and having the time to create new content
- Integrate the educational content into the curriculum and involve not only medical students and physicians but **other healthcare providers**
- Create a **multidisciplinary clinic** that can house all the care required to treat many if not all these patients

THANK YOU