Judicious Opioid Prescribing and Overdose Management: Objective Structured Clinical Examinations for Third-Year Medical Students

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Purpose: The rates of misuse of prescription opioid medications and opioid-related overdose have dominated conversation across the nation. There is a shifting focus to teaching health professionals at the undergraduate level about their role in the opioid crisis and opportunities to help patients and families affected by opioid use disorder. However, there are currently no objective or standardized methods to evaluate medical students’ ability to navigate clinical situations regarding opioid dependence or overdose. The objective of this 2-part objective standardized clinical examination (OSCE) is to address this gap in undergraduate medical education.

Approach: A class of 100 third-year medical students at the Donald and Barbara Zucker School of Medicine in Hofstra/Northwell and Long Island Jewish Medical Center, Northwell Health; B. Goldman, Zucker School of Medicine at Hofstra/Northwell and Northwell Health; Y. Huang, Zucker School of Medicine at Hofstra/Northwell and Phelps Hospital, Northwell Health; R. Dougherty, Zucker School of Medicine at Hofstra/Northwell and Long Island Jewish Medical Center, Northwell Health.

Outcomes: The primary analysis was evaluation of student performance in the domains of communication skills and content expertise. In terms of judicious opioid prescribing, the majority of students were able to introduce standardized tools (e.g., Pain, Enjoyment, and General Activity scale, Opioid Risk Tool) into the encounter; however, they did not consistently disclose the patient’s score or discuss personal risk factors for dependence. The majority of students explained dependence/overdose risk and alternatives to opioids for pain management. Regardless of ultimate treatment plan, almost nobody discussed drug monitoring with urine drug testing or state prescription databases.

Discussion: The clinical scenarios and associated evaluation checklists were designed to complement the authors’ institution’s opioid curriculum (as above). The outcomes show that there were some gaps in comfort and knowledge regarding opioid prescription and naloxone administration. It is unclear if the lack of comfort derives from a knowledge gap, a lack of practice with the communication skills, or unfamiliarity with decision making as an undergraduate learner. However, the outcomes did show that students responded positively to the assessment and that they anticipated changes in future behaviors regarding opioid prescription and overdose counseling.

Significance: These findings will be useful in further refining the curriculum and demonstrate the importance of assessment in driving medical education. Though the assessments were designed to complement a specific opioid curriculum, the 2-part OSCE could be adapted for implementation in any curriculum about opioid use and overdose management to evaluate medical students in a standardized manner.

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References