

# Rapidly adjusting buprenorphine waiver training for medical students in the setting of the COVID-19 pandemic

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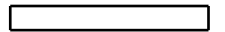
AMERSA - October 7, 2020

The image part  
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# Disclosures

- None

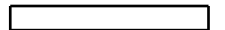


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# Outline

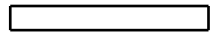
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- Buprenorphine waiver training at UW School of Medicine
- Impact of COVID-19 and mitigation planning
- Results of modified training program
- Implications and next steps



# UW School of Medicine

- Six regional campuses across 5 large western states and 3 time zones
- Transition to Residency (TTR) course happens 2 weeks before graduation – only time all students are together in one location

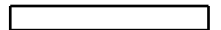


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# Buprenorphine Training at UW SOM

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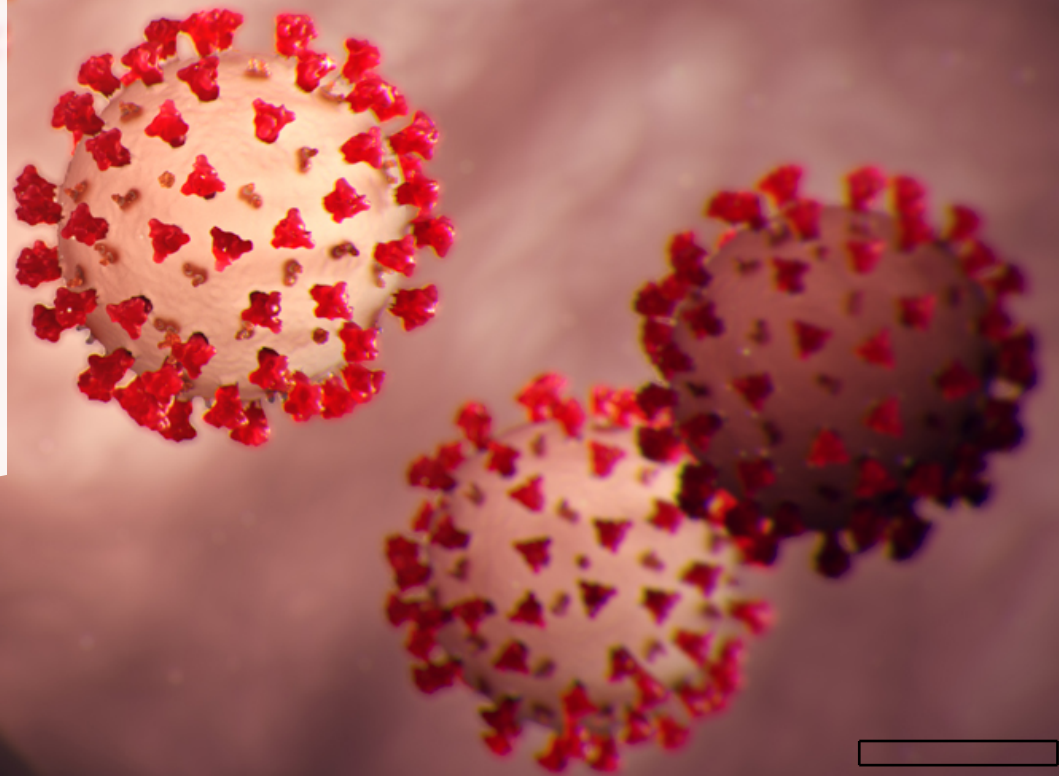
- Funded by SAMHSA in 2018 to train medical students in the treatment of OUD
- Our Strategy:
  - Implement “half-and-half” buprenorphine waiver training en-bloc
  - Integrate into TTR course AND a stand-alone clinical clerkship
- Our Goals:
  - Train at least 50 medical students per year
  - >50% obtain necessary certification to prescribe buprenorphine



# COVID-19 TIMELINE

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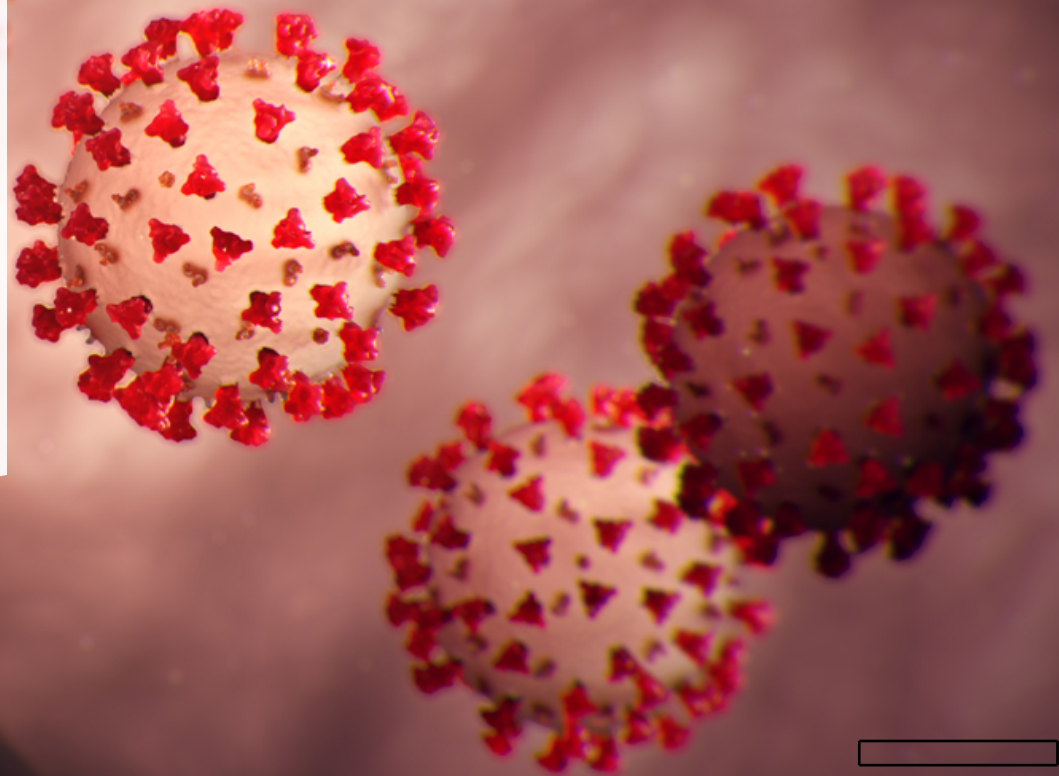
- **February 29:** Multiple cases identified at Life Care Center in Kirkland, WA
- **March 9:** UW cancels in-person classes
- **March 13:** UW medical students pulled from clinical clerkships



## COVID-19 TIMELINE

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- **March 17:** Notification that TTR re-scheduled from mid-May to mid-April, moved entirely online, recommendation to cancel buprenorphine training
- **March 20:** Team planning meeting to strategize response

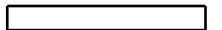


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# Mitigation Planning

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- Obtain permission from sponsoring organization (ASAM) to provide training via live online format rather than live in-person format
- Obtain Zoom training for project faculty and staff
  - Active learning tools including breakout rooms, polling, chat function
- Enhance training with supplemental COVID-19 subject matter



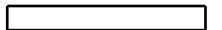


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# Results

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- Delivered 3 live online trainings, up from 2 the prior year
- Trained 101 medical students, 68% increase from prior year



# Results - Demographics

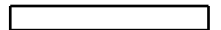
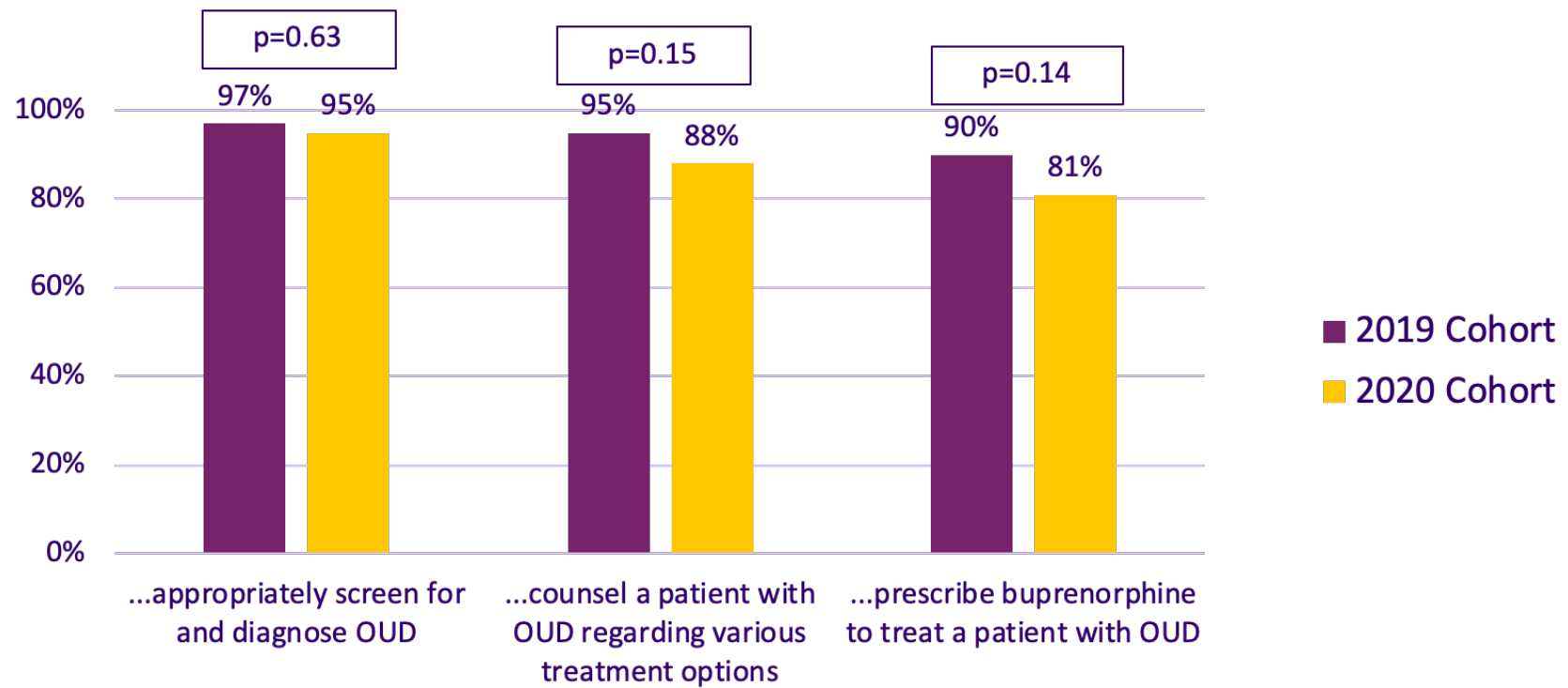
	2020 Cohort n=101	2019 Cohort n=60
Age in years, mean (range)	29 (25-40)	29 (25-40)
Women	61 (60%)	36 (60%)
Hispanic/Latinx	6 (6%)	2 (3%)
Race		
AI/AN	0 (0%)	1 (2%)
Asian	12 (12%)	7 (12%)
Black/AA	1 (1%)	0 (0%)
White	72 (71%)	40 (67%)
Multiple races	4 (4%)	9 (15%)
Other/Unknown/Missing	12 (12%)	3 (5%)
Family member/friend with addiction	65 (66%)	40 (67%)

# Results - Specialty

	2020 Cohort n=101	2019 Cohort n=60
Specialty		
Family Medicine	12 (12%)	15 (25%)
Internal Medicine	23 (23%)	14 (23%)
Pediatrics	22 (22%)	2 (3%)
Emergency Medicine	21 (21%)	9 (15%)
Ob/Gyn	6 (6%)	3 (5%)
Psychiatry	8 (8%)	14 (23%)
Other	9 (9%)	3 (5%)
Practice Setting*		
Rural	36 (36%)	26 (43%)
Urban	65 (64%)	35 (58%)
Suburban	31 (31%)	12 (20%)

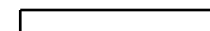
\* Not mutually exclusive

# Results - Confidence



# Results - Satisfaction

How satisfied are you with the overall quality of this training?	2020 Cohort n=101	2019 Cohort n=60	
Very satisfied	50 (50%)	28 (47%)	p=0.32
Somewhat satisfied	41 (41%)	25 (42%)	
Neutral	4 (4%)	6 (10%)	
Somewhat dissatisfied	4 (4%)	0 (0%)	
Very dissatisfied	2 (2%)	1 (2%)	



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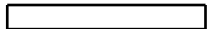
## Results - Comments

“I felt like the zoom session was a lot more helpful than the online portion because the speed of the information delivery was more on par with what I'm used to. The online prework is comprehensive but delivered in a drawn out way.”

“Would have loved more case discussions during the live portion... More case discussions would allow for more teach back/reinforcement and applying concepts learned.”

“Technical difficulties in the online portion of the class made the training much longer.”

“The online work had too much overlap with the in person, but otherwise I felt the information was useful”

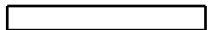


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# Limitations

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- Small sample size
- Self-reported, subjective, short-term outcomes
- Unable to account for temporal trends in participation and engagement

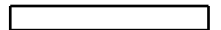


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# Conclusions/Summary

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- Rapid, successful pivot from in-person to online training format
- Attendance increased by 68% compared to prior year
- No detrimental impact in confidence and satisfaction with training
- Increased capacity without sacrificing quality of training



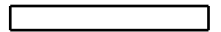


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# Implications & Next Steps

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- How can we best integrate what we've learned from 2020 into future buprenorphine training programs?
- Do trainings need to be in-person? What are the cons of virtual format?
- Will the same proportion of students get waived or prescribe buprenorphine?
- What impact with the pandemic have on prescribing opportunities?



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# Acknowledgments

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- Dr. Judith Tsui, co-project director
- Dr. Jamie Darnton and Dr. Joe Merrill, co-investigators
- Jesse Moritz and Andrea Radick, project staff
- UW SOM medical students

