

Bring Audrey back: Teaching medical students about addiction

[TBC] ^{1,2,3,4}

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TO THE EDITOR:

The Position paper by Crowley *et al.*, published online in AIM on March 27th (1), provides a clear commitment by the American College of Physicians to advocate for more education on substance use disorders. Here, we describe our experience with effective teaching of addiction medicine curricula and our concern about its dismantling with “curriculum renewal”.

For over 20 years at the University of British Columbia (UBC), the first year medical students have had 20 hours of teaching on the theme Addiction Medicine and Inter-collegial Responsibility (AMIR) which has been both highly rated by medical students and has improved their OSCE test scores for motivational interviewing (2). In the first session of the course, volunteer guest speakers with lived experience tell their stories. Here we share an example.

Last Friday, Audrey stood up in front of over 200 medical students to bravely recount a life history the students can identify with – middle class upbringing, working in bars overseas as a fun gap-year. Then she plunges into a dark journey and takes the students with her through running from abusive boyfriends, heroin initiation, culminating in being chained to a radiator for months while pregnant. Her positive encounters with health care providers turns things around. She had been in recovery for years when she sought a paediatrician for her son’s care. In the first interview the paediatrician revealed that she knew Audrey. She had attended the AMIR session nine years prior and upon hearing Audrey’s story had decided that day to become a paediatrician. The two women sobbed together in the office, each one’s journey affecting the other.

No one left the room during Audrey’s talk; no one checked their phones, tablets or laptops. As she finished, everyone in the auditorium stood up to applaud her.

Although medical schools and experts around the world call for more hours for teaching about addiction (3, 4), curriculum reform at UBC has cut AMIR and moved to paper case-based learning, without one case dedicated to addiction.

Truly, the efforts to redesign curriculum according to the latest findings of educational theory should be applauded. Nevertheless, one cannot help but wonder whether we are not losing too much when we move to learning that spirals over key educational encounters and content. When we spoke to the students after last Friday's lecture and told them about the upcoming curriculum reform they urged us to "make Audrey come back, please!"

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Disclosures

None reported.

REFERENCES

1. Crowley R, Kirschner N, Dunn AS, Bornstein SS, for the H, Public Policy Committee of the American College of P. Health and public policy to facilitate effective prevention and treatment of substance use disorders involving illicit and prescription drugs: An american college of physicians position paper. *Annals of Internal Medicine*. 2017.
2. Looock C, Fraser J, Rieb L, Pachev G. Effects of four educational variables on a smoking cessation counselling OSCE station performance. *Canadian Association for Medical Education Annual Meeting*; Toronto, ON2001.
3. Wood E, Samet JH, Volkow ND. Physician education in addiction medicine. *JAMA*. 2013;310(16):1673-4.
4. Rieb L, Wood E. The Evolution of Addiction Medicine Education in British Columbia. *Canadian Journal of Addiction*. 2014;5(3):17-20.