

PROGRAM INNOVATION



In response to Canada's national public health crisis around the surge of opioid-related overdoses and deaths, the Association of Faculties of Medicine of Canada (AFMC) has launched a free, online curriculum for postgraduates and practicing physicians entitled: "Best Evidence Training for the Next Generation and Practicing Canadian Physicians on Pain Management, Opioid Stewardship and Substance Use Disorder: Postgraduate Medical Education (PGME) and Continuing Professional Development (CPD)".

The Government of Canada funded the AFMC over 5 years, who in partnership with Canada's 17 medical schools, created a national, bilingual, comprehensive, and competency-based curriculum for medical students, residents and practicing physicians interested in pain management and substance use.

The 8 Post Graduate Medical Education (PGME) and 8 Continuing Professional Development (CPD) modules aim to address gaps in current educational offerings on pain management, opioid use disorder and opioid stewardship. These modules build upon the undergraduate medical education (UGME) curriculum launched in January 2021, and the three curricula taken together act as a continuum of learning.

This curriculum was co-created with physician subject matter experts from across disciplines (e.g., addiction medicine, family medicine, pediatrics and obstetrics, anesthesiology), patient subject matter experts, and family caregivers, all of whom were drawn from across the country. The curriculum underwent extensive review from other healthcare professionals, Indigenous reviewers, equity, diversity and inclusion reviewers, rural/remote and Francophone reviewers, as well as a medical editor.

The learner-centred curriculum includes:

1. **Self-Assessment Tool:** Online self-evaluation survey to help learners identify gaps in knowledge;
2. **Faculty Development Tools:** Four physician and faculty development expert-led tools to help with curriculum implementation;

3. **Simulation Playbook:** Six case-based scenarios developed in partnership with the Royal College of Physicians and Surgeons of Canada to support future and practicing physicians by providing hands-on learning opportunities;

4. **Patient-Physician Partnership Toolkit:** Developed in collaboration with the Centre of Excellence on Partnership with Patients and the Public (CEPPP), clinicians, pharmacists, and patient partners to provide patients and caregivers with tools for navigating care, managing opioid prescription and chronic pain, as well as providing physicians with resources to enhance partnership and improve conversations with patients to promote safer opioid use.

The PGME and CPD curriculum has been freely shared with all 17 medical schools across Canada and is available at <https://opioids.afmc.ca/>

FACES IN THE FIELD

Jason Sawyer RN-EC, NP-C, BSc.N, MN, (BC)
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I am a nurse practitioner and have spent more than 20 years providing pain management in the hospital setting. In recent years I have also been providing care to people who use drugs at the intersection of pain and substance use disorder (SUD) in the acute traumatic injury population. My main area of interest is specific to pain management in people with opioid use disorder (OUD).

Increased opioid prescribing as a response to suboptimal pain management was one of the many factors implicated in the opioid crisis. Sadly, the data indicates increased prescribing of opioids was not a panacea for the pain crisis, and now we have two crises. An acute traumatic event can be a time of reflection and change for individuals, which can create opportunities to positively impact people with pain and SUD. The evidence base in this unique population is rather sparse, and to help them requires innovative thinking. The work is always interesting because every person's story is unique with pain and SUD, and thus requires a very individualized approach to care.

I feel my most significant contribution has been safely initiating sublingual or depot buprenorphine during admission for significant traumatic injuries while simultaneously managing pain. I feel dual expertise in treating pain and concurrent substance use disorder is a natural fit, and an important evolution in practice for interested care providers to pursue. Providing care for several hundred patients a year is a great environment for innovation, however many complex challenges exist.

Opioids as treatment for pain management AND opioid use disorder - while simultaneously being the cause of opioid use disorder and significant deaths - is a difficult message to reconcile with the public and some healthcare professionals. As well, morals, values and beliefs are powerful influences on providers' and the general public's perceptions of pain, OUD, and addictions in general. This can result in one being less receptive to information that challenges them, even in the context of a knowledge deficit. I feel those of us in these fields of practice need better messaging strategies in addition to more robust pharmacologic and non-pharmacologic interventions in order to truly make a difference.

EVENTS

RAAM Monthly Videoconferences:

Provider	June 6	8 am
Counsellors	June 9	9 am
Addictions NP	June 28	12 pm

Webinar

June 14, 7-8:30 pm

Substance Use Among People who
Are Trafficked and/or Exploited

Katrina Fenicky, Caroline Pugh-Roberts

Register [HERE](#)

PERSPECTIVES

Never without Naloxone – Addictions Education for ED Nurses

Kelly Shillington RN, MScN, ENC(C)

Clinical Nurse Specialist, Emergency Department
Mount Sinai Hospital, Toronto



I am the Clinical Nurse Specialist in the Emergency Department (ED) at Mount Sinai Hospital. Providing clinical education is part of my commitment to deliver high-quality emergency care to communities with complex health challenges. I create and lead the training, orientation and onboarding of new Emergency Department Registered Nurses, as well as the continuing education of legacy team members. I spearheaded the inaugural Emergency Department Addictions Community of Practice, and recently conducted an approved

Research Ethics Board (REB) Emergency Department Registered Nurse Addictions education needs assessment survey as part of my Masters of Science. The data captured and analyzed from this survey will inform the future curricula of the addictions educational interventions content.

I am acutely aware of the current state of emergency care: across the country ED patient populations have shifted and we are seeing higher volumes than ever before of patients with Substance Use Disorders (SUDs). These people are often ill-connected to primary care providers and the ED is their only portal of entry into the healthcare system. As a positive change agent through quality improvement methodology, I endeavour to develop and implement innovative strategies for staff and evidence-based emergency care for people with SUDs. I collaborate with inter-professional teams, senior leadership and external partners to influence and advance best practices in education and evidence-based emergency nursing care. I draw inspiration from my clinical colleagues to invest time, energy and effort in supporting this vulnerable patient population.

To improve patient outcomes, promote health, mitigate social inequalities, and reduce stigma, much evidence-based research has highlighted that providing specialized SUD training and education for ED RNs has a positive impact on their ability to provide skilled and compassionate care to this patient population. The current obligatory focus of ED nurses' continuing education is primarily on high acuity cardiac arrest and trauma care through Advanced Cardiovascular Life Support (ACLS) and Trauma Nursing Core Courses (TNCC), which are mandatory and require annual recertification with fiscal support by the organization. At this time, Ontario nurses' education on the topic of addictions is limited exclusively to their undergraduate nursing curriculum even though they increasingly care for patients who use substances regularly. Specialized SUD training and education for ED RNs needs to be supported by hospital leadership and policy.

I believe sustained investment in providing ED nurses with the education required to provide high-quality, evidence-based, and trauma-informed care for patients with SUD will yield positive outcomes: ED nurses' comfort, confidence, clinical competence and empathy in caring for patients will increase; stigma and recurring ED visits will decrease; and patient outcomes and access to additional healthcare resources will improve. As a passionate leader invested in clinical education and quality improvement, I am committed to building an ED where RNs provide appropriate, equitable, evidence-based, and stigma-free care for patients with complex health and substance use challenges.

IN THE NEWS/OPINION

[Canada's Complex Opioid Crisis](#) (Globe and Mail)

[Diversion in Safer Supply – Is it an Issue](#) (Vancouver Sun)

[What it Will Take to End Toxic Drug Deaths](#) (Globe and Mail)

[Conservative Motion to stop SS Voted Down](#) (Global News)

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