

LEARNER TASKS

Gather Data:

- Take a focused opioid use history.
- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention including assessment of readiness and confidence in change.
- Talk to the patient about personal circumstances that led to the opioid overdose (intentional or unintentional), prior overdose history and treatments used in the past including detox, rehab, MAT.

Build Relationship:

- Counsel the patient regarding the chronic nature of substance use disorder as a disease with MAT options demonstrating empathy.
- Evaluate the presence of current depressed mood and clarify the risk of self-harm.

Engage Patient in Care Plan:

- Ensure patient and partner understand the chronicity of OUD and the risk of relapse.
- Discuss diagnosis and current treatment options including buprenorphine initiation in the ED and appointment at the Bridging Clinic if appropriate, use the SUD treatment resources list, explore barriers to follow-up care and collaborate on next steps.
- Describe appropriate administration of sublingual buprenorphine-naloxone including first dosing and relation with meals.
- Ensure that patient has available Naloxone kit and has received education or arrange prior to discharge from ED.

CASE DETAIL

Student Profile: You are part of the interprofessional team caring for a patient who has relapsed with OUD.

Patient Profile:

Name: Pat Sheehan, age/gender per SP, single, with cohabitating partner, 1 child (lives with other parent)

Occupation: Not working, previously mid-level manager

Setting: The patient was brought to the ED after being found unresponsive in her apt by her partner who called 911 and started bystander CPR. EMS run sheet is in the folder. Patient received 2 doses of intranasal naloxone after which she was revived. She was transported to the ED anxious, sweaty and having vomited. The patient's last clear recollections of the day were 1 hour before being found.

The patient began using opioids 5 years ago when given oxycodone for 2 months after ankle surgery; patient noted it helped her pain, anxiety and general mood and started buying it from friends. She transitioned to heroin after about 6 months as it was cheaper and stronger.

SMALL GROUP FACILITATION

<p><i>iCELS staff will announce timing to assure the day flows correctly.</i></p> <p><i>Please make every effort to stay on time.</i></p>	Encounter Timing:	
	0 min	• A designated faculty member leads your group for a MAT-Buprenorphine didactic.
	10 min	• You assign student roles for the encounter; Interviewer, Patient Counselor—treatment options, Patient Counselor - Buprenorphine induction planning, Patient Counselor – next steps and naloxone. Staff direct your team to join the SPs, already in the exam room.
	15 min	• Staff direct the encounter to begin: Interviewer questions the SPs.
	25 min	• Staff direct the encounter to pause. Faculty member facilitates case discussion, team outlines next steps and roles for Patient Counselors. • The SPs will be present but not participate.
	30 min	• Staff direct the encounter to resume. Patient counselor discusses diagnosis and treatment options. (MAT including buprenorphine, naltrexone, methadone; focus on buprenorphine)
	35 min	• Staff direct time for Patient Counselor – Buprenorphine Induction planning
	40 min	• Staff direct time for Patient Counselor – next steps and naloxone
	45 min	• Staff direct SPs to leave the room to complete checklist, team debriefs in room.
	55 min	• Staff direct team to move to next event.

